



MATERIA MEDICA.

J. CARSON.

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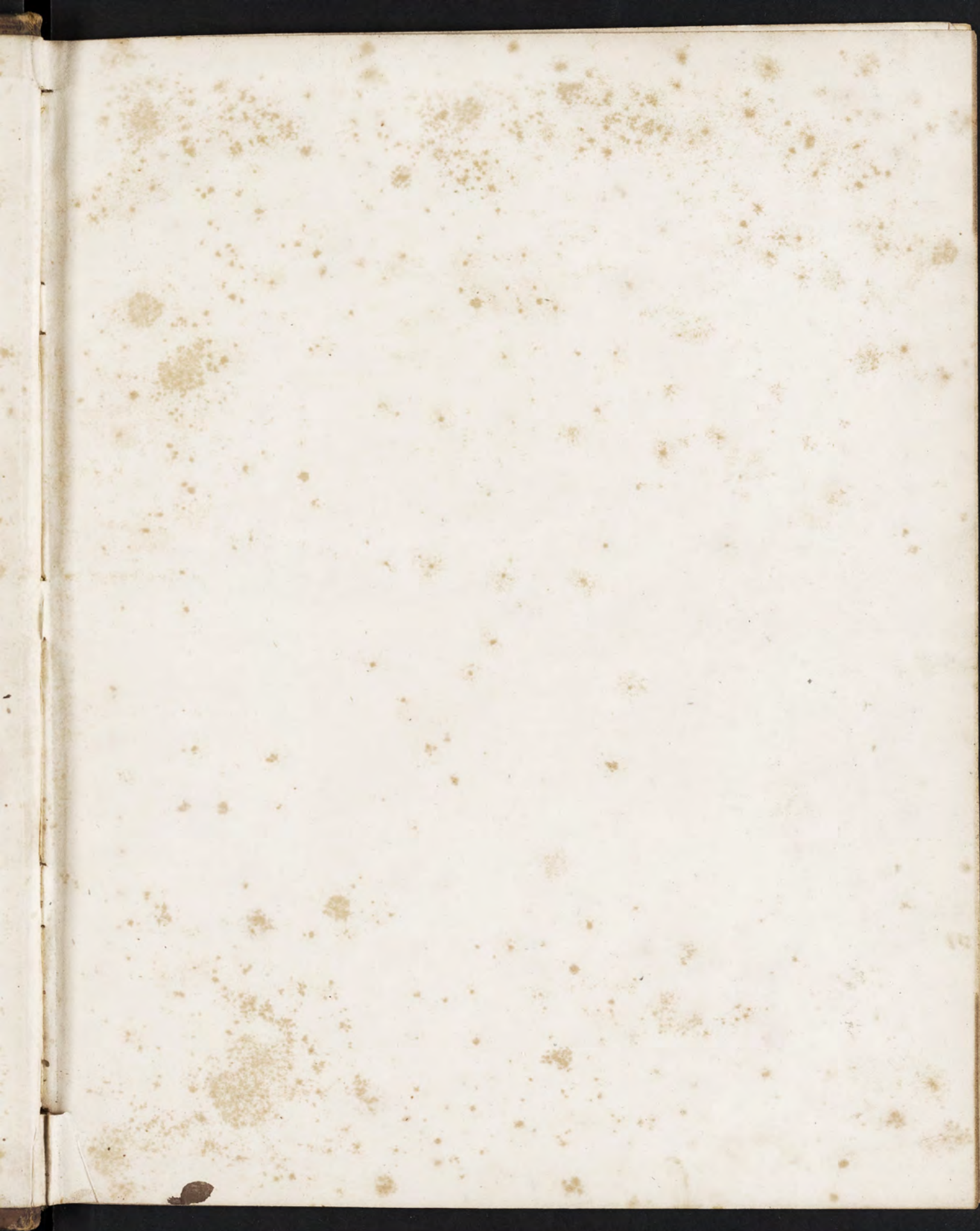
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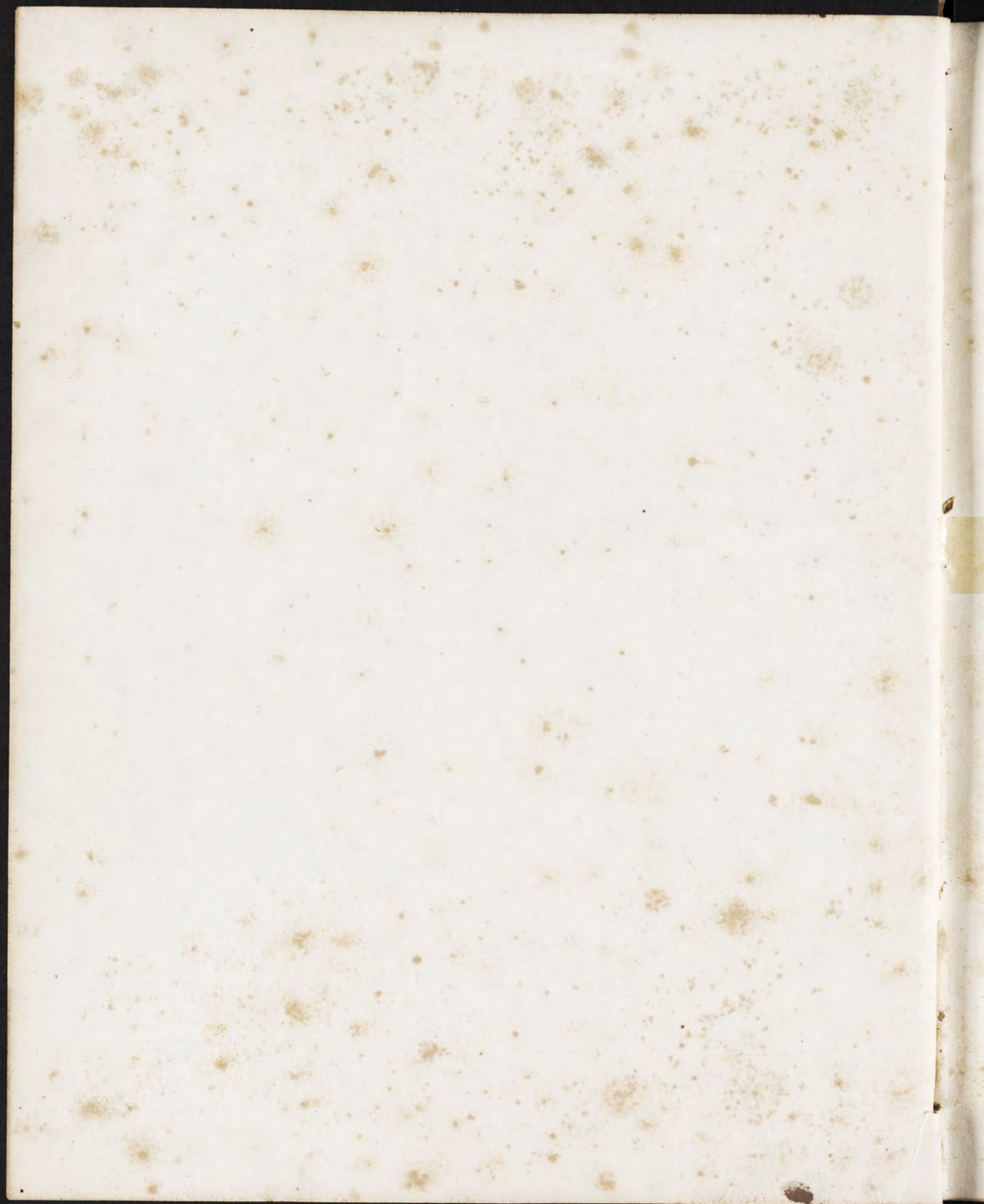


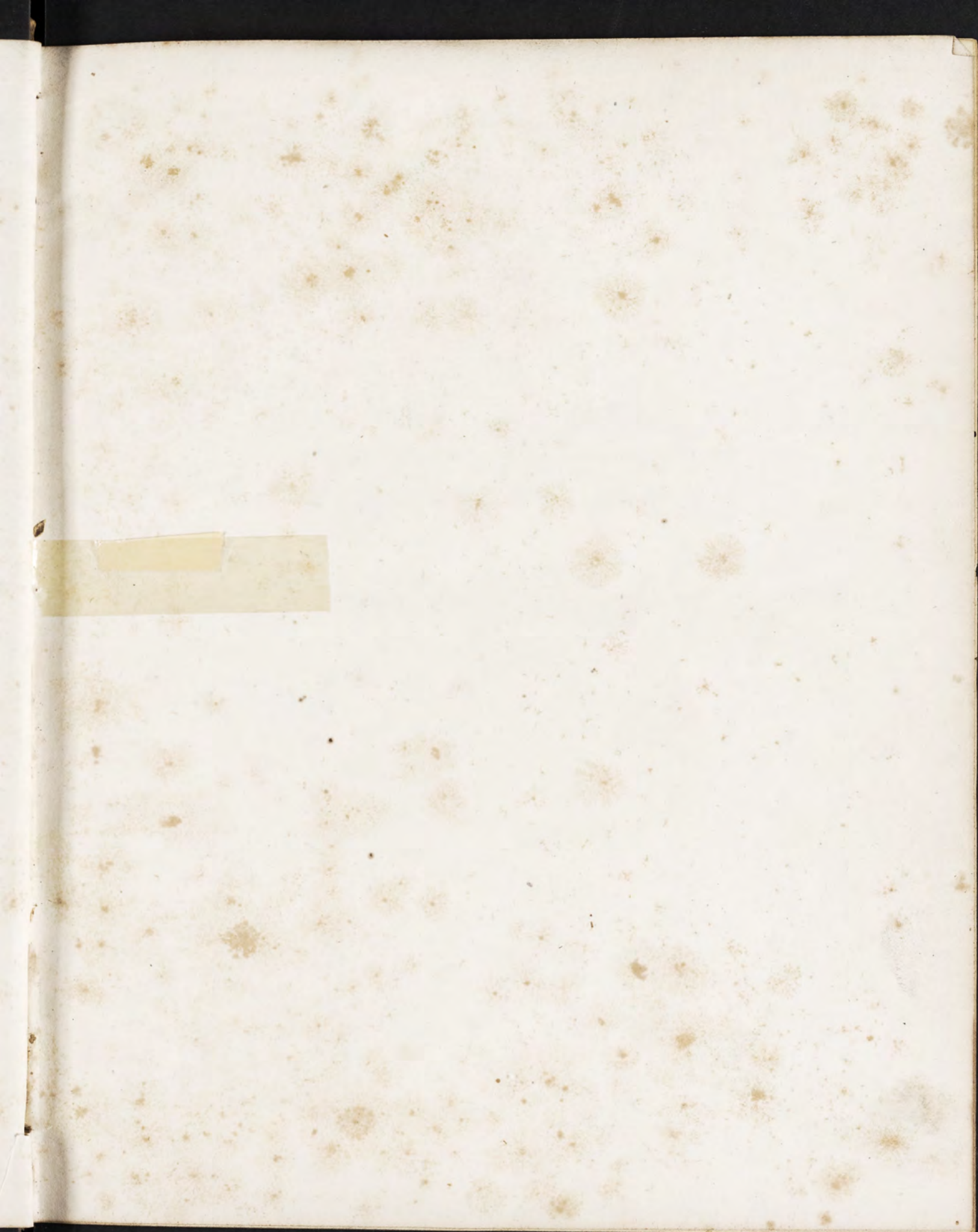
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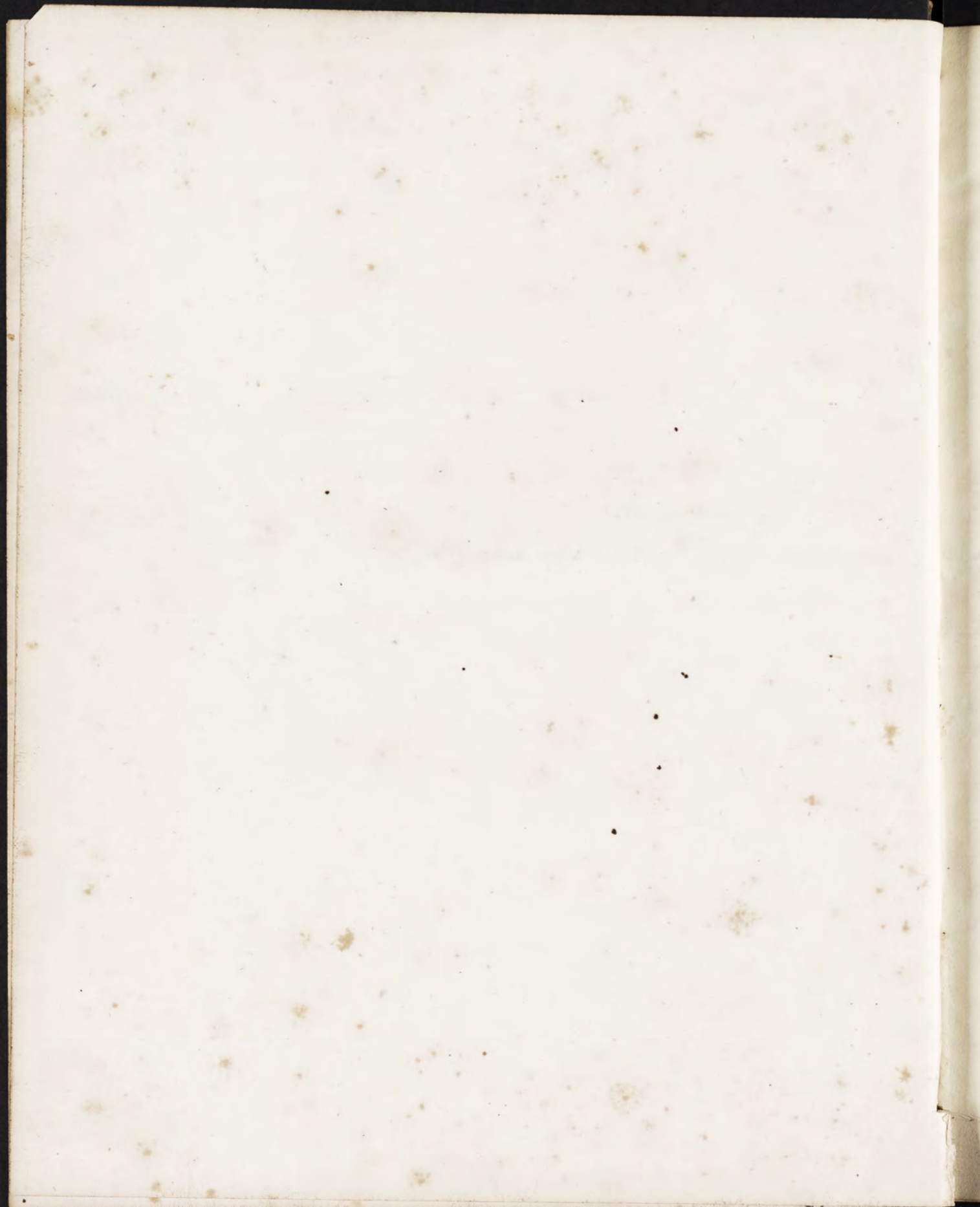
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M S S. Lectures For the Back
Materia Medica
J. Carson For the Back

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Lecture I

No department of Medical Science occupies a more extended field than that on which has been conferred the title of Materia Medica, for as its signification is now understood, numerous subsidiary departments are embracedly and included within it. The use of the appellation in a comprehensive sense may however be reasonably objected to, on account of being indefinite, or conveying but a partial idea of the number of objects which legitimately appertain to it, and I am disposed to accord in the propriety of adopting the name Pharmacology, which

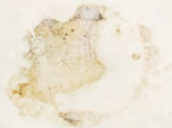
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is more general in character & more consistent with modern nomenclature. It comprises all the information we possess with regard to medicinal agents, whether relating to their nature, origin & properties, modes of preparation, or effects and application. Hence Materia Medica, Pharmacy, & Therapeutics are the divisions of which it is susceptible, although these are intimately associated & mutually dependent upon each other.

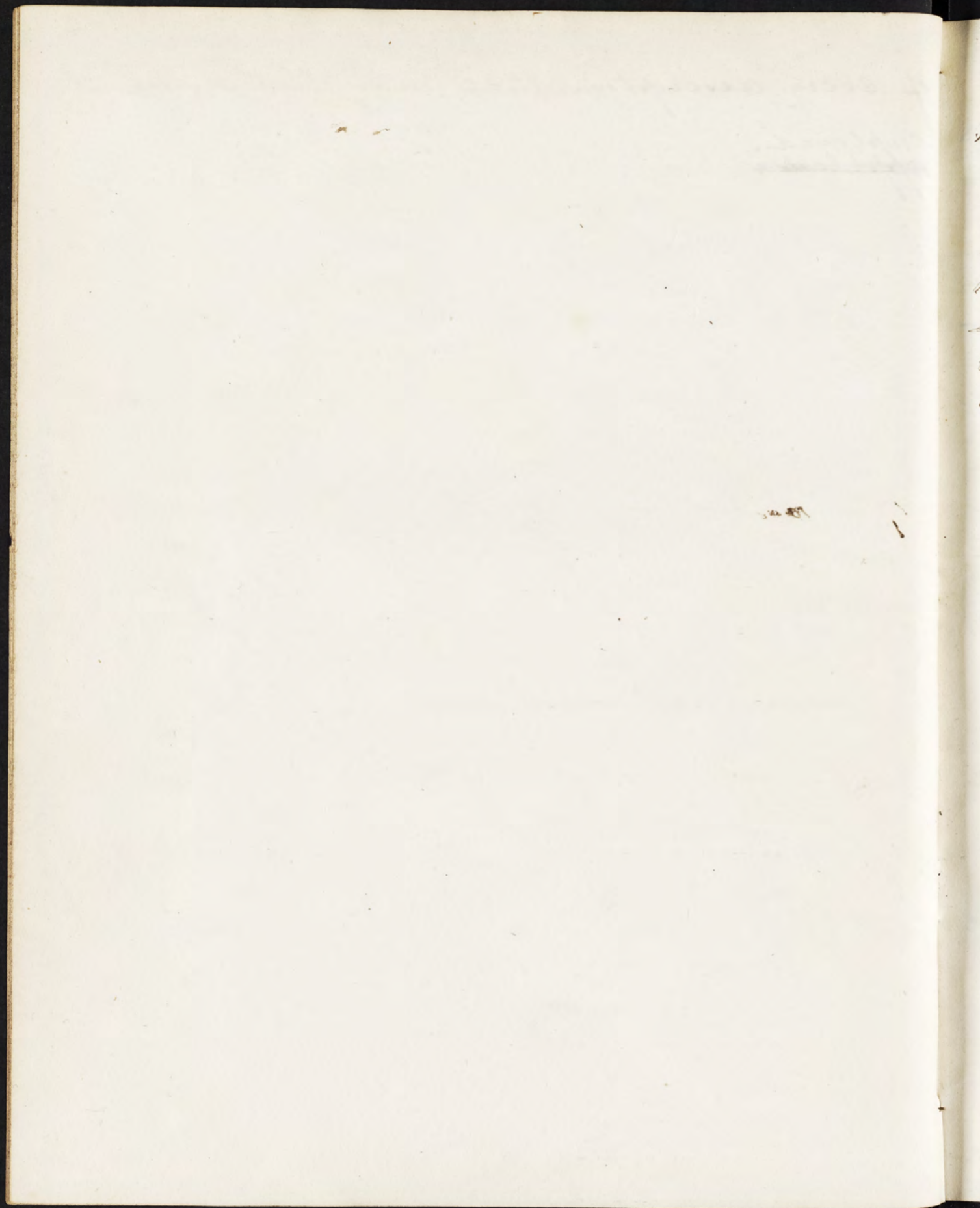
For the successful practice of his profession (however the physician is not restricted to the articles of the Materia Medica, as in the catalogue containing the whole of the agents which may be employed, are enrolled



many which without belonging to this class, equally contribute to his resources; such as Blood-letting in its varieties, heat & cold, electricity and galvanism, acupuncture, hygienic measures, as diet, exercise, clothing &c which are efficacious in combatting disease. The distinction is therefore to be made between remedies & medicines. In plain language it may be stated that all medicines may be regarded as remedies, but it does not follow that the converse is the case, nor indeed is it; for it is to be understood that the latter expression has a specific reference to a certain class of bodies while the former is universal & applied to agents

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of every description that may be beneficially
employed.
~~applied~~



Feb 16th 1849 -

Child Bed Fever -

Mrs John Wetters aged 23 years -

First child, - Male,

Habit full, temperament nervous

Was delivered 15th Feb at 6 P.M. Labour good. 10 hours, pains commenced in morning - noticed the size of an sword piece at 2 P.M. fully dilated at 3 o'clock at 4 - the head had passed the ring of neck & entered lower pelvis. System not excited. Passed a comfortable night, with little or no after pain, a few stools passed, saw her at 11th ~~10th~~ ^{11th} doing well, no excitement of system but complained of soreness in left hypogastrium region at the time of uterine contractions which since daylight had become more frequent.

At 10th she had a chill which did not pass off for an hour & followed by fever, raised warm spots to abdomen & most prominent Mph & later spots, 6 P.M. - Great febrile excitement, agitation, restlessness, jactitation, pain in head, rapid respiration, thirst, skin hot, complains of heat of room, pulse rapid 160 - tongue clean, pain great in hypogastrium, tenderness of abdomen, some ~~hypogastrium~~ ^{hypogastrium}, uterus hard & contracted sore, Has passed in stools & otherwise at least a pint of blood during the day, Cannot move her limbs without an increase of pain. Muscles of arms sore, V.S. - 3X - hot brandy formentation & continue water, 9 P.M. Free from restlessness, pain in head subsi-

In a reeking perspiration, pain & tension of the
abdomen less, can now urinate freely - pulse 140 -
complaint of flatulence, ordered Pot. Carb - 3i -

Morph. Sulph. ʒi
Aq. Mentha. 3i

11th

A large amount of sweat.

10th Feb. - Met Dr. Briggs - state same - Enema op. to XLV

12th Feb. - very comfortable - pulse 124.

18th Feb. Slept until 3 oc when pain returned
in hypogastric region, with tension of the
whole abdomen, head painful, skin hot
and dry, thirst restlessness, pulse very rapid,
140. When I assisted from weakness, a pur-
gative enema, hypofomentations & Must. Sweet ʒi.

9th Feb. Enema has operated. Patient lying
on side, respiration calm, perspiration profuse,
free from pain, pulse less rapid, tongue white,
blood drawn without ^{clot} coagulum firm.

Directed Dr. Briggs 3p -

7th Feb. Pulse 134 - skin most pleasant, no thirst.
Lies with comfort on either side, but considerable
tenderness on pressure in left iliac re-
gion, tumour firm but soft to pressure, bowels
have been freely operated on, much flatus
passed, milk appearing in breasts, which
free. Flannel tea & castor oil enema, warm

Sweet oil & Laudanum frictions to side $\frac{1}{4}$ l. Morphine
19th - g. A.M. Passed a comfortable night. Pulse 130 -
skin pleasant, less pain & soreness on pressure, -
tongue furred, secretion of milk decided.
b. P.M. Complaints of an increase of pain & sore
ness in hypogastrium & left iliac fossa - abdomen
distended, pulse 130 - tense bil & flassed anema,
 $\frac{1}{4}$ gr Sulph Morph every 4 hours.

20th Slept well all night two doses of morphine taken,
g. A.M. Pulse 104. Comfortable in all respects, can turn
& lie on left side, less soreness & tension. pil of
Morph Sulph - every 5 hours. Sytes liquid for diet.
g. P.M. As well as in the morning, ~~crises~~ child
freely - Morph Sulph $\frac{1}{4}$ gr. -

21st Passed a good night, skin pleasant, pulse 100.
abdomen soft, a small amount of soreness on
pressure in left fossa. Free lactation. Continue the
Morphine, Sytes liquid & an injection of castor oil.

22d. Passed a good night, tongue clearing, pulse
114 - abdomen soft, still pain on pressure in
region of uterus, bil Ricin. Zij - Spt Turbuth &
Sweet oil to abdomen

23d. bil produced some distress in abdomen, which
went off when it operated at 10 P.M. last night.
Continues to improve, tongue clean, pulse soft 114 -
less pain & soreness moves limbs freely. Allowed
Chicken water & rubbed abdomen with Lin ^{Castor} ~~Turpenth~~
opiate anema at night 30 grs to op

24 - Comfortable pulse 114 - 25th Convales. Med diet pulse 88.
26 - Pulse 80 weak but free from disease.

1849-

March 2d at 9 o'clock was called to see the infant son of Mrs. L. the subject of preceding case, found him with fever, very frequent pulse, short respiration, nervous & plaintive moaning. Learned that he had nursed well the evening before & through the night but had refused the breast this morning. The eye was dull no praeternatural heat of head, colour less distinctly marked than yesterday - when the gums had been profusely developed on the skin, bowels well open by cathartic the day before. Ordered next must & opium a. - 3i & 4i - every 2 hours

Evening - at 5 o'clock Child more lively eyes open & attracted by light, feverishness gone, pulse rapid & respiration more frequent than natural, stomach apparently distended & meteoric - voided evidently when examined reduced Lac. as before injud. -
9 o'clock was summoned in haste & found the child dead.

Post mortem - March 3d at 2 P.M. with Dr. P. & Dr. J. -

Body presented no blueness except from position & ineffectual protrusion of lips & gums, Abdom. - pleurae filled with fluid, lungs healthy

Its structure, engorged with blood giving to them a denser
feel than natural, floated on water. - Pericardium -
filled with fluid so as to appear as a transparent
bag, ~~Heart~~ of natural size, ^{right} side filled with coag-
ulated blood, a thick dense somewhat adherent
coagulum, semifilinous & wanting in red fimbriae in
the opening between ventricle & auricle, adherent and
apparently not of recent formation; - tricuspid valves very
red, thickened & presenting fleshy granulations, the colour
of the fleshy achenae of the raspberry. - foreman orifice
patulous size of a goose quill. Black blood in
left side, Mitral valves presenting a limited extent
the same appearance as the tricuspid. - semilunar
valves healthy. -

Bowels distended with gas - abdominal organs healthy.

The peculiarity in this case is the presence of black
blood in left side of heart & no cyanosis !!

Case of threatened abortion at 6 months. -

Mrs D. Stille - pregnant with her 5th child, a nervous-sanguine woman - aged 32,? has on the 1st of August 1849 - rendered uncomfortable from oppression about the chest & plethoric fullness - pulse tense & full, face discolored & flushed, feelings uncomfortable & tense and swelling of the lower extremities. Her appetite had been capricious & she had for the most part during her pregnancy suffered from irritability of stomach. I recommended her to be bled but it was not practised.

August 3 - at 8 $\frac{1}{2}$ P.M. was called on by her husband & requested to visit her. I found that she was strongly threatened with miscarriage, during the afternoon she was attacked with pains of a twisting character clearly uterine. Her symptoms were as follows - violent uterine pain - commencing in the organ & extending into the back resembling violent labour pain, recurring ^{intermittent} at 10-15 minutes, during these pains the uterus became hard, & condensed & forced the fetus - to the lower portions of the uterine globe, at the neck of which much pain was also experienced. The condensation was most apparent to the hands on either side at a point a

short distance from the uterus, there during a
pain irregular tympanites resembling a ball the
size of the fist were manifest; the neck of
the uterus had not been altered as determined
by examination & there was neither show or heavy
discharge. Beside these symptoms the patient com-
plained of gastric oppression, an uncomfortable
sense of tightness across the praecordia & want of
of surface. The pulse was tense full & accelerated.
In the morning there had been vomiting & during
the day some diarrhoea. The immediate cause
of this state of things was intestinal, the patient
having eaten green plums previous to vomiting -
& from having a morbid appetite had for some
time indulged in unwholesome indigestible articles
as pickles instead of her natural food. -
She had taken $\frac{1}{2}$ gr. Morphine & an anodyne enema -
10 of blood were immediately taken from her arm
and a mustard poultice applied to the back -
& I staid with her until 12 o'clock when the pains had
gradually abated & she was disposed to rest.
August 4 - Found the pains had gradually gone off
through the night & complained only of soreness.
Aug. 20 - Free from pains. Sitting up & a comfortable
This patient died with afternoon until her confine-
ment in October 1849 =

Therapeutical Force

Mrs Webster aged 25 of delicate constitution & nervous-temperament, after much suffering & several threatenings of abortion was delivered on 22^d of November 1849. The labour was of 16 hours duration & very hard, from unyielding of the soft parts, & slow rotation. After the labour for several days she complained of soreness of the parts in consequence of previous hemorrhoidal tumours & abrasion of the lower portion of the vagina. But had no fever, her milk came on the 3^d day - 25th & her lochia was abundant.

On Monday 26th she had a regular shiver followed by some exacerbation, pulse 90 - Under the employment of Morphine & neutral Misture, this was relieved by perspiration & on the 26th in the morning she appeared comfortable. - A second recurrence of the shiver took place followed by fever pulse 115 - She had hot & great thirst, headache & sharp lancinating pains through her abdomen, much tenderness & distension. 18-34 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100 - 105 - 110 - 115 - 120 - 125 - 130 - 135 - 140 - 145 - 150 - 155 - 160 - 165 - 170 - 175 - 180 - 185 - 190 - 195 - 200 - 205 - 210 - 215 - 220 - 225 - 230 - 235 - 240 - 245 - 250 - 255 - 260 - 265 - 270 - 275 - 280 - 285 - 290 - 295 - 300 - 305 - 310 - 315 - 320 - 325 - 330 - 335 - 340 - 345 - 350 - 355 - 360 - 365 - 370 - 375 - 380 - 385 - 390 - 395 - 400 - 405 - 410 - 415 - 420 - 425 - 430 - 435 - 440 - 445 - 450 - 455 - 460 - 465 - 470 - 475 - 480 - 485 - 490 - 495 - 500 - 505 - 510 - 515 - 520 - 525 - 530 - 535 - 540 - 545 - 550 - 555 - 560 - 565 - 570 - 575 - 580 - 585 - 590 - 595 - 600 - 605 - 610 - 615 - 620 - 625 - 630 - 635 - 640 - 645 - 650 - 655 - 660 - 665 - 670 - 675 - 680 - 685 - 690 - 695 - 700 - 705 - 710 - 715 - 720 - 725 - 730 - 735 - 740 - 745 - 750 - 755 - 760 - 765 - 770 - 775 - 780 - 785 - 790 - 795 - 800 - 805 - 810 - 815 - 820 - 825 - 830 - 835 - 840 - 845 - 850 - 855 - 860 - 865 - 870 - 875 - 880 - 885 - 890 - 895 - 900 - 905 - 910 - 915 - 920 - 925 - 930 - 935 - 940 - 945 - 950 - 955 - 960 - 965 - 970 - 975 - 980 - 985 - 990 - 995 - 1000

2^d - 1st not operated symptoms same as yesterday. Another dose of oil & day with the exception of pulse which was 100. - During the day used injections with the effect of acting once on bowels -

28 - Less fever, abdomen still tumid & complains of sharp pains in the abdomen. Introduced the hand into the vagina & pushed up the womb with some relief. Lochia diminished, foetid, & odorous. Astringent injection.

29th Injection not given by the nurse caused the expression
that hands would be given. Pain very severe of a
sharp lancinating character, much distention & ten-
derness of the abdomen, pulse 115 - restlessness & an-
xiety, neuralgic pain in the ear & head, passed her
water freely but no evacuation from the bowels - ~~bedeviled~~ ^{staggered}

Pil Sgls - gr ij - Morph Sulph - $\frac{gr}{4}$ every 3 hours - ^{Stages} Cauphor
30th She slept through the night, in free perspiration
pain in abdomen still severe, thirst, itching of the
skin. Pulse 100 - continues Pilos of Sgls & Morph -
Dec 1st - Apparently better has passed much flatus by
injection, countenance less expressive of anxiety - skin much
less pain, paroxysms not as frequent, pulse ~~fast~~ ^{sound}, soft
94 - abdomen less distended, less sensitive to pressure
some thirst, slept a portion of the day. A purulent
discharge half an oz in quantity from ^{same} ~~the~~ ^{place} ~~from~~
the vagina, continues Cauphor & Sgls - Pil as before &
Sgls but 2 water as drink, milk continues but less
in quantity. - ^{Bowels not being moved by 24 hrs} In the morning ordered the Diet of Dr. Keen 34

Dec 2nd Passed a restless night - Expression anxious -
pulse 130 - skin warm, moist excessive, great distention
of the abdomen & more tenderness. Drung with a deci-
ded white coat. No lochia or discharge, milk continues
but reduced in quantity - free urination - at 11 o'clock
the bladder not having operated - introduced the stomach tube
& gave Sgls of flaxseed powder - Pil Cal $\frac{gr}{4}$ gr ij -
every 3 hours. - Distention by 6 in abdomen.

10th Pil. Hister had cleared up & a copious evacua-
tion had taken place from the bowels. - pulse 115 -
Cal pills & port wine & chocolate. ^{Cal pills 3i} ^{port wine 3i} ^{chocolate 3i} ^{every 2 hours}

Dec 3d - has quiet but did not sleep through the night. Countenance placid less anxious. Skin warm dry. Pulse 124 - Abdomen still much swollen but its tension has been relaxed a little by the discharge of flatulence. Tongue coated, bowels have not been moved since last evening - Can move limbs & cough with some comfort, but distress of body produces pain. Milk flows but less in quantity - No lochia - Urine free. - Pil of Cal & opii - as before & soap & water as enema.

1000 P.M. - the bowels freely moved, pulse 120 - has head ached - Enema of Cast oil during the night.

Dec 4th Quiet but did not sleep during the night, wandering of mind from opium (so dose last opii at three times having been administered) perfectly asleep - Tongue found a little brown in the center, has - throat, skin pleasant - pulse ^{fine} 120 - abdomen less tense - soft - very sensitive & still complains of pain in the region occupied by the uterus, - bowels not moved since yesterday. ~~bedden~~ ^{introduced my} ~~chicken~~ ^{hand} into the vagina & pushed the uterus up - with relief to the dragging felt in the abdomen. bedden Chicken water - in dose of Est valer fluid - & Solanosa mixture.

Dec 4th P.M. Bowels have been moved, belly a little softer, pulse 120 - bedden - 8 1/8 Mety Morph & 20 drops Spt but & every 2 hours.

Dec 5th Had a quiet night, but suffers at intervals from sharp lancinating pains in the pelvic region. Tongue moist the fur more circumscissed back lost at edges. Pulse 100, abdomen soft but

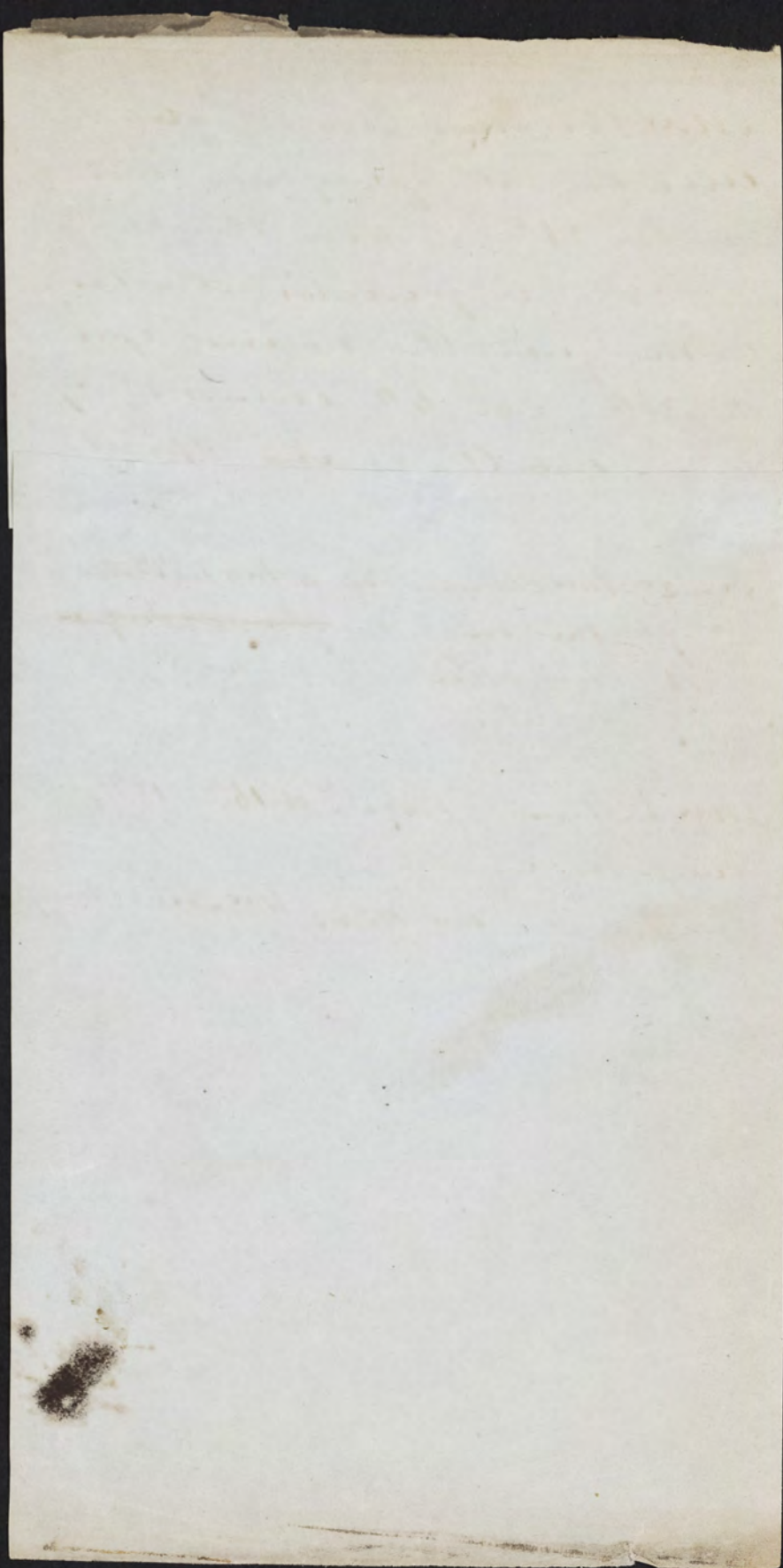
1849

Mrs Webster Nov 22^d - del -
 Attacked with puerperal fever
 on the 26th Lochia fetid on -
 the 28th A purulent discharge
 came from the vagina upon -
 the 30th Dec 4th introduced my-
 hand into the vagina & pushed -
 up the uterus.

Dec 23 - Mrs Clifton - Dec 6 Mrs M. Phillips -
 " 7th Mrs Bond - " 9th ~~Mrs Bond~~ -
 16 - Mrs O'Brien - 28 - Mrs G.D. -
 29 - Mrs Alger -

Mrs Lathrop - 1849 - Feb 16th 18th fever
 puerp - Feb 11 -

20th Feb del Mrs Kern. Mrs Looney (Maudy) -



get distended. Skin moist. Head clear but
has been affected by the mumps. Continue Mumps Cure
& Sps. Ints. Chicken water.

Dec 6th Passed a quiet night without sleep. Head
much affected, exceedingly flighty & wandering in
mind. In general symptoms much improved. Skin
moist at times reeking with perspiration, complaints
of great irritation of it. Pulse 94 - Tongue decidedly
clean at edges & tip - No stool but can pass flatus -
feels water free. It was stated some pain in abdomen
extending to limbs. Any other position but a dorsal one
painful & impossible limbs drawn up - water free.

Administer weak infusion of Chamomile - 20 drops of Rhine
Extract of Valerian every 2 hours & an ass of strychnine
injection immediately. Mutter's Chop & Porter Sanguine
Dec 7th Slept during the night, perfectly rational this
morning. Countenance clear & cheerful. Pulse 88 - Tongue
clearing. Bowels ^{moved} ~~subside~~, belly subsiding. Legs stronger
& can extend the lower extremities. Skin freely perspi-
ring - Blistered sore no more - Now & then shooting pains -
of a neuralgic character. Cham. tea. Eat milk &
Animal diet.

8th Free from all pain. Belly soft, bowels moved
freely, tongue clean, pulse 76 - soft & full, skin
natural - Iodine Sulph - gr 1 every 3 hours - Continue
animal diet.

9th Decidedly convalescent - on the 13th sat up & on
15th free from all ^{apparent} disease but weak.

Me then. This lady was seized with a renewal of

pain & soreness on the left side with most of her previous symptoms. The same course of treatment was pursued, which resulted in relieving the acute state of disease & causing it to assume the form of chronic cellulitis of the left side of the pelvis - accompanied with pain in the limb in the course of the nerve, with retraction of the leg, the constitution assumed an atonic condition. With exhaustion sweating & hectic paroxysms. From these in April she was in a measure relieved ^{was enabled to} & laid in the open air. - The treatment pursued, consisted of gentle emulsion, tonics & laxatives.

Tarapou, which was found to be saturated with deeply
tinctured blood, and soon afterwards regular determi-
ned pains set in without however any considerable flow,
the cone of the uterus being gradually removed and
a decided impression being made upon the neck
of the uterus.

At 2 o'clock of the 17th a violent gush of blood occurred,
with the escape of a large pauciform coagulum & ap-
parently proceeding from the uterus & a marked de-
ficiency in the power of our patient. This induced
an attempt to terminate the labour by manual in-
terference, which was accomplished by Dr. Cheig. Having
ascertained that the spine of the child was turned -
to the ^{right} side of the spine of the mother & the feet in
the left ^{below} of the umbilicus, he with infinite difficulty in-
terposed his right hand & seized the knee. In conse-
quence of the contractions of the uterus the operation
of turning was performed very slowly, cautiously, but
steadily, & finally resulted in the ^{safe} removal of the foetus -
in a few minutes the ^{& eight} ^{by} ^{the} ^{minutes} followed. -
The patient after the operation was much exhaus-
ted & laid for a length of time in the same
condition as the morning previous, from time to time
there being a tendency to faint, & preventing extraordinary
rapidity of pulse. ^{Alumina & opium} By pressing the head & stimulating ^{with opium} were
resorted to. This prostration was due to the nervous
loss of blood as no unusual flow followed delivery
by the uterus firmly contracted.

At 9 o'clock, Patient had fairly reacted, pulse full

less rapid, with a fine genital temperature
April 18th Passed a good night & symptoms so ^{apparently} improved
as to place her out of danger, but the 19th
she was again attacked with extreme depression of her
vital forces - which finally terminated in collapse & she
died on the evening of the 21st. - Dr. Cheig's was of opinion
that her death was produced by the heart clot.
The child died in 3 hours from birth.

Hæmorrhage from the vagina of a female nearly born.
On the 30th March 1850 delivered the wife of the Rev. W. Barnes
of a female child, three or four weeks previous to term.
The infant was very weak & required help in its first
animation which was suspended. This was accomplished
by means of heated towels. - On Tuesday April 2nd I discovered
that the diaper was stained with blood & upon exami-
nation ascertained that it came from the vagina - At
the moment of examination, the bowels being moved a tea-
spoonful at least was forced from the orifice. The blood
on the diaper was dark coloured & coagulated. In that which
came away under my eye a distinct coagulum was no-
ticeable. This hæmorrhage continued until the following
Saturday, when it disappeared without any remedial
agents. The child taking nourishment & thriving well. At the
time of the hæmorrhage, a degeneration of the cuticle took
place from the arms & legs, induced by the friction & heat
employed in resuscitating her.

Cyanosis with disease of the heart.

The subject of this case having been a sufferer from birth & in opposition to many physical obstacles, having lived to an unusual length of time, I have considered that the details appertaining to his history would be interesting & have accordingly recorded them. -

Samuel Rhodes was born a perfect specimen of cyanosis. - He passed through the stages of infancy with no unusual derangement of health, but being developed however as his brothers and sister, his remaining young & insignificant. In April 1842 he had an attack of whooping cough which was of great severity, in consequence of the difficulty of respiration at the time of the paroxysm, and proved him an orphan from his lungs. - From this he recovered, & from that time until the winter of 1848 was apparently in good health. I had never inquired into his condition prior to the onset of whooping cough, but at that time & subsequently have studied - his condition, when in the best state of physical existence the following were the features presented - countenance rather dull, with a leaden hue of the skin, the expression of the eye clear, but the arteries premeated with deep cyanosed vessels, lips - gums & tongue purple, person small but slowly increasing from year to year latencies delineated with a remarkable enlargement & beaked formation at the ends of the fingers & toes which were

as deeply textured as the lips & tongue. The chest emitted
an constant series of symptoms which were persistent up
to the last ^{two} years of his life, as follows - resonance on
both sides before & behind, respiratory bronchitis heard
with no evidence of pulmonary embolism. The im-
pulse of the heart was strong extending half an inch
further on the right side than natural & seen conspic-
uously when the outer surface of the chest was exposed.
The frequency always amounted to 80 per minute. This
action of the heart was accompanied with both sounds,
the first sound however most feeble, and a peculiar
bellows sound which was perceptible not only when
the ear was applied directly ^{over the heart} but also at some dis-
tance on the sides of the chest. When active exer-
cise was taken his respiration was more hurried than
common, but in other respects did not appear to
suffer, had a good appetite, good spirits, & an ac-
tive engaging mind which led him to apply him-
self to his studies & actively to exercise in such as
was presented in successive with advancing years.

In the year 1843. With the view of determining the
effect of position upon the examined condition Dr
Poppel himself instituted the following experiments -
1 - When laid upon his back with his shoulders moder-
ately elevated, his ^{chest} presented dullness on per-
cussion over the cardiac region, which even ~~was~~ some
prominent. Impulse not very strong, strokes 80 per min-
ute, pulse regular but feeble; cardiac sound as the
usual. But no double distinct. Respiration 20: -

The right hand was now elevated for 2 minutes - when it lost its colour, while the left being pendant increased in blueness. At 22 minutes - past 12^o he was laid upon his left side, in 13 minutes the lividity in the lips & hands which were now placed at rest horizontally had subsided, a little more injection existing on the pendant side of the head than on the upper. At 25 minutes before 1^o P.M. placed him on his right side & in 15 minutes there was no more diminution of colour than when his position was first changed.

2 - We now had him go to the garret & return, which he did with a dead, returning with deep lividity of the lips cheeks and hands & a tumultuous action of the heart. Placed him now on his left at 4 minutes before 1^o & in 15 minutes the injection was in the same state as in the first experiment on the left side.

Returned with the same symptoms,
3 - He was again sent to the garret & then placed on the right side, at the expiration of 15 minutes there was the same diminution of colour as in experiment 2^d but not more rapid or to a greater extent.

4 - When placed upon his back the same circulation existed, as at the commencement of experiments. - During the winter of 1848⁴⁹ he had an attack of hemorrhage of the lungs, connected with pneumonia & dyspnoea, from which recovered & in the spring resumed

his school duties but his health was not so good
through the evening intense when cold weather set
in he was obliged to relinquish them, becoming a confirmed
invalid & evidently declining.

April 25th 1850 - I visited him & noted the following symptoms.
Much emaciation of his whole frame, with extreme debility
of the upper & lower extremities, countenance pinched
leading, eye dull, lips & tongue pale purple, pulse 116-
feels ^{quick} frequent & thready - respiration 30. Sighing, impulse
of the heart decided but not forcible - ^{second} ~~second~~ ^{sound} ~~second~~
~~heart merged~~ ^{into} a rough ~~rough~~ ^{harsh} ~~harsh~~ ^{sound} which is heard all
over the front of chest. Respiratory murmur clear & hoarse
in the right lung both anteriorly & posteriorly, the sound in
anterior left lung and masked by the sound of heart, but
posteriorly the middle lobe presents dullness on percussion
and a distinct crepitant murmur, some cough exists
more especially at night, with short & tedious expirations
spasmodic, he cannot remain in the recumbent position.
The skin is cold & moist, appetite poor, bowels regular
but tongue coated, he complains of cretic pain & of
late has suffered from vertigo & anæmia.

The treatment consists in palliatives, -
^{strong but} From the time specified the poor little fellow has
been rapidly failing, emaciation is going on
& his difficulty of breathing ^{has} become so oppres-
sive as to preclude repose in the recumbent
position, the respirations gradually ^{have} ~~have~~ ^{increased} ~~increased
until ^{has} ~~the~~ reached 35 in the minute
pulse quick & thready, skin cold, mucous mem-~~

Arms becoming red & feet, extremities swelling. The anterior parts of the chest ^{widened} over the sternum extending over the right side presents the rough blowing sound, with hardly the natural sounds perceptible. The chest on all sides presents dullness, & there is a ^{distention &} ^{sub} murmur on either side, coupled with suppression of respiratory movement. ^{almost agonizing} excessive pain in chest and extremities with ^{distention &} ^{sub} augmenting asphyxia & the countenance of an almost livid hue of his surface, with ^{distention &} ^{sub} my coldness of his extremities for several days, ceased to breathe on the day at 2 P.M.

Autopsy. 68 hours after death an examination of the body was made. The appearance of it was very thin & the blue tinge of the skin was very apparent. The examination being conducted by Dr. H. Sargent & took the following notes

Chest. Upon laying bare the sternum and removing its strong adhesions were overcome. On endeavouring to remove the lungs they were found bound to the sides of the chest by strong-membranous connections the result of pleurisy on both sides, but more firm on the left. Lungs filled with tubercles as large as peas as well as much smaller masses, congested & in some portions hepatized, the posterior parts of

both in a state approximating softening. Sink-
ing in water.

Pericardium adherent firmly to both right & left lung-
on either side. Containing 3 p of serum. The
heart was placed with its right edge under the
centre of the sternum, the ^{base} ~~upper part~~ the upper-
of the aorta opposite the 2^d rib, the apex between
the 5th & 6th ribs. Aorta very much dilated, 3 inches
in circumference. Length of heart $4\frac{1}{4}$ in. trans-
verse diameter $3\frac{1}{2}$. Much distended with blood -
left ventricle filled with soft coagulum. Substanc-
of the organ very flabby. $3\frac{1}{4}$ in in thickness. Ar-
teries very thin & distended. Foramen ovale open
large enough to admit the forefinger. Diameter
 $\frac{1}{2}$ in. $\frac{1}{2}$ curved. Right & left ventricles communica-
ting, there being but one cavity, the septum being
wanting with the exception of half an inch at
the lower part formed by a transverse development
of the columnar carinae. Pulmonary artery at approx $\frac{3}{4}$ in
Liver very large, extending 2 inches beyond umbil-
Kidneys firm.

Rest of abdominal organs healthy.

This case I reported to the College of Physicians
December 3^d 1856.

Puerperal Peritonitis.

Mary Gibson 19 years age of lymphatic ten-
perament, in good health, plump & strong in
appearance, entered the Hospital ^{June} July 1st 1850. —
During her residence before confinement, her strength
did not appear to be of ordinary strength & from
the indifference exhibited with regard to her state
& the welfare of her infants, we were induced to
suppose the child illegitimate.

On Tuesday June 25- labour took place, a small
child being born with out any thing unusual
attended by Dr. G. Brecht, the Dr. was the only resident
at the time in the house & had a case of Erysipelas
under his charge.

The next day patient had a chill, followed by
fever pulse 140 per min. furred tongue & pain in
the left side of the abdomen, ^{with dyspnoea} she was purged
treated with Calomel & opium & some leeches —
were directed to be placed on the abdomen by
Dr. Hodge. Amputation followed during the
following days, & on Saturday I took charge
of her June 30th conditions as follow — ^{a little dry} Skin ~~fair~~
pulse 98, ^{soft} — tongue slightly furred, intelligence —
good, no thirst, eye clear, ^{expressing free anorexia} abdomen free from
pain or uneasiness — soft & yielding, free secre-
tion of milk, lochia diminished, bowels free.
Ordered Spt. Mendereri & Morphia in small doses
through day —

Sunday July 1st Patient continues to improve, pulse

80 - Skin relaxed, bones free, bedded Musphie
at night. -

2 - Bowel contents tongue a little coated but
clearing. - No medicine -

3 - Found her sitting up moving her limbs ap-
parently free from disease, but noticed some
coldness & clamminess of the hands -

July 4th. Was called by Dr. Penrose to see patient
at 9 P.M. At 1 P.M. she had been seized with
delirium & prostration & - found her in the
following condition - Head very hot, mind wan-
dering, pupils dilated, adnata slightly injected,
speaks hurriedly when spoken to & involuntarily - with
difficulty swallows - Skin cold, extremities more so,
clammy condensation from her whole body, pulse per-
ceptible but not to be counted, heart very active -
respiration embarrassed, no sensibility of abdomen
which is somewhat distended,

July 5 - Died at 8. A.M. -

Autopsy 6 P.M. - Much emphysema, distention
marked of the abdomen. Fat on peritoneum an
inch thick. Epiploon covering the whole intestines
& an angle of it connected with the uterus, more
vascular than natural, the attached corner -
covered with purulent matter & false membrane,
the whole of peritoneum lining pelvis inflamed -
covered with false membrane & containing puru-
lent serosity, uterus exhibiting the same condi-
tion posteriorly, less so anteriorly. Broad ligament

inflamed, veins prominent. Inner surface of uterus
protruding deeper red & congested than in other parts.

Fever after delivery -

Mrs Dr Drayton Aged 24 full habit of body -
black hair & eyes - high complexion - bore
her pregnancy without much suffering & was
delivered of a male child June 4th 1852. Labour
12 hours the last part of it tedious from
the child's head being large & requiring four
hours to mould deeply & dilate the soft parts -
that time being taken to pass the inflexion
straight.

June 5th Patient suffering from retention of urine
which was drawn off ^{10 P.M. by catheter} also so doing well -
June 6th doing well except pain in making -
water & soreness of external parts, & little headache.

June 7th Soreness of external parts & difficulty of
making water only inconvenience. Bowels
moved by castor oil - Somentations.

June 8th Patient doing well but not quite
as easy, complains of soreness of external
parts & of smarting & micturition. 4th Aug & 10th Sept.

7 P.M. Same, pulse 88 - skin good a little thirst.
11 P.M. was sent for & found decided fever
which apparently had been aggravated by a
tumbler of bathing tea. Skin hot. Pulse 96 -
quite full, face flushed & restlessness and

Answers complaints of a reflex pain in
back & pelvic regions when the urine passes.
No soreness over the abdomen except when
direct pressure is made upon the uterus.
Bled her freely until faintness was produced
14 oz taken, then 2 oz. Castor oil.

June 9th Her general countenance fair not
as flushed, skin warm, very little disten-
tion of abdomen, which is pretty flaccid, has
some but less apparently of urination, if hard-
pressed has a little pain in left groin, -
pulse 115 - smaller, thirst. Examined per-
vaginam & found the only sore point was
in the course of the urethra & at meatus.
No headache. Dr Pepper saw her with me.
& we gave her ~~Pit Hyd~~ ~~gr~~ ~~Pale brown~~ ~~gr~~
~~evry 2 hours~~ - Placed a flannel stupe over
the sore points, gave an ergotin injection 50 gr.
Laudanum

June 10th ^{9 gr. Hyd} Passed a sleepless night, fever con-
tinues, pulse 130 - quick skin warm, some
expression of anxiety of countenance, stomach
reluctant but disposition to emetition. No dis-
tention or soreness of abdomen, slight pain
on making water. Uterus full, thirst, Multiple
Directly ~~Pit Hyd~~ ~~gr~~ ~~Pale brown~~ ~~gr~~
~~evry 2 hours~~ -
Pit. glumia Sulph gr - evry 3 hours. Crushed water
& Lycopodium gr.

7 P.M. pulse 140 same condition. Same Hyd

June 11th 9 A.M. Passed a restless night - with but
an hour's sleep - Much agitation & excitement -
Mind clear but thinks she will not get well. Skin
hot - pulse 140 quick & regular. No pain of abdomen
& no difficulty or pain in urinating. Urine
moderate, Milk free. Mind perfect, some slight
nervous twitching of hands & thinks the genuine -
effects are kind, great thirst & furred tongue, can
move herself without uneasiness.

Intermitted genuine partly & Pills 10j at P.M. - as
with as home why - & gave pil 10j - 8j - every 4 -
hours - Efferves draught 3j & Eat Oatmeal & Honey 3x every
2 hours - leaf rose water / Suby's Syrup / Spongy the sur-
face & cold to the head -

In the evening gave a pleurisy injection -

June 12. Passed a better night, skin less warm
pulse more decided 138 - No pain, urinates freely -
Milk still free. Tongue still furred, expression
calmer & less excited - Expresses herself & speaks by
what sleep she had - (2 or 3 hours) bowels not freely -
moved by the injection. less urination - still slight
twitches of muscles.

Using Castor oil 3j - & continue treatment with
tiny blue mass -

7-P.M. - oil has operated three times copiously - Says -
she feels weak - skin less heating - pulse 130 - & has
food - in other respects same. Ordered 20 drops to open
by injections continue treatment

June 13 - Slept more last night, bowels have

Not been moved although there is a disposition
to the evacuation of some fluid with
flatus. Head clear but complains of distress
& uneasiness - tongue furred & uncomfortable from
sores on sides, aphthae. Still much thirst.
Pulse 120 - from decided system natural. Skin
hot but less so than yesterday & not so
much flush of face. Stomach retentive &
less evacuation. Abdomen flaccid, irritable -
fully. States that her feelings are that her
limbs do not belong to her. During the day -
complained of weakness & faintness when her
veins were drawn but this not indicated
by the pulse. Milk still abundant. Treatment -
The 4th Mung Bij with gr. XX - 4th but 5 substituted -
for the efferves draught, with 15 gr. East. bal. every
2 hours. Stop Linnina & gave gr.ij Cat. Lactuca
& atropine every 2 hours - bone marrow & Beef Extract.
June 14th Passed a comparatively quiet night,
but with an aggravation of fever and deci-
ded delirium which is less decided at
morning. Mind now clear when spoken
to ^{relative to herself} but ~~answers all questions~~ ^{but} when left by
herself wanders somewhat & seems to have her

morning filled with illusive fancies - Face not as-
flushed, tongue furred - Throat. Stomach retentive -
no loss of relish for her food, little constipation -
bowels soluble have been moving twice. Urine
men flat. Passes her urine fully natural in
appearance. Some slight soreness over the bone
of ~~left~~ ^{left} ischium & ilium, & when strong pressure
is made upon the soft parts immediately within
the bony curve says it hurts her, gentle pressure
not felt - Some numbness of external parts & along
the within immediately within the vagina - Pulse
^{moderately soft} 120 - Skin cooler, less putridity. Expression -
natural - breath so flavored as not to require
drawing back about. Can lie on either side. -
Treatment - fluid in bath ^{& balneum Ext.} $\frac{3}{4}$ every 3 hours - continued -
Lactucarium - Prof. Eucrasia & Simple whey - with
springing - In afternoon took Must. Mentat.

June 15 - Passed a better night than any
previously. Slept six hours soundly and
awoke the remainder awake in the morning -
free from delirium. Pulse 120 soft skin moist
tongue clearing a little, throat less. Bowels
opened twice. Some secretion of milk, less
twitching. The Lactucarium Ext. dis. cont'd & con-
tinued bath & diet

16 Pile Exacerbation of fever, has suffered -
much from heat during day. skin covered -
over the breast with sudamina. Pulse 140 - Skin
more hot but moist. ~~delirium~~ ^{delirium} again is -
Respiration 33

manifested, lying in a dazy state, with
more muscular excitability, gave
again during the afternoon & continued -
Ex-Lac & continued back, with the mind
clear, cold to head.

June 16 - Did not sleep last night at all
and very delirious - expressed ^{at 100} fixed pulse
at noon 135 - skin hot moist but of mod-
erate temperature, urinator freely and -
when touched over Meatus ten line of
the urethra says she is sore, bowels once
moved slightly since yesterday - belly flat
stomach retentive tongue as yesterday -
Expressed a wish for coffee, which was
gratified (an bit) & ice cream also - contin-
ed Ex-Lac & back, cold & spraying -
~~at 100~~ ^{at 100} P.M. in consequence of sleepless-
ness & excessive restlessness with active de-
lirium gave an Anodyne injection ^{at 100}
June 17. Passed a comparatively quiet
night, but without sleep - delirium con-
tinues - skin warm but perspiring, pulse
140 & upwards - belly swelling - has hardly
consciousness of her wants, groans in

Urine without noticing the device. Tongue - moist & can swallow easily.

At noon became noisy & wild delirium high, eyes staring & expression excited - constant tossing of the head - reflex muscular movements with rigidity of the whole muscular frame. Giant & subcutaneous, belly more tumid - pulse still to be counted, skin moist but warm, - a small anodyne injection. Has been all day under the free use of stimulants.

7 or 8 P.M. - giant & subcutaneous, breathing regularly but power gradually failing - especially in swallowing. From this time her respiration became more & more impeded, pulse became weaker, power of swallowing impossible & without spasm or any agony died at 11 1/2 P.M.

Handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and mostly illegible due to fading and the nature of the ink transfer.

Autopsy of Prof. L. B. Rogers = *Luna*

Autopsy & microscopic examinations by Dr. Leidy -
Emaciation extreme. Hardly any muscular
development on the anterior parietes of
the chest. In the structure of the attenua-
ted muscles an abundance of
spratils -

Upon raising the sternum the cellular tissue
over the pericardium was found infiltrated with
air or gas, and containing yellow gelatinized-
serum. Some fresh lymph was also perceptible.

Lungs. Adhesion of the upper lobe of the left
lung; structure healthy, but a small melan-
otic tumour, about 3 lines in diameter found
upon the surface. (It consisted of fibrous stroma
with granules of pigment^x). The lower lobes
of same lung were engorged but not indura-
ted. If the right lung the upper lobe also
healthy, ~~with~~ some adhesion to the lower lobe
to the costal pleura. If the middle and
lower lobes the tissue was condensed, the
result of slow inflammation, but not amount-
ing to hepatization. At the back part of the
lower lobe a single tubercle was found, spha-
roidal in form, 5 lines in diameter. (It con-
sisted entirely of unchanged tuberculous cap-
sules). There was also an enlarged bronchial
gland in the central substance containing
x but no true pigment cells.

aceous matter. R. the right pleura an effusion of bloody serum to the amount of three pints, containing shreds of lymph, and deposits of lymph upon the costal surface of the pleura.

Heart R. pericardium evidences of recent pericarditis, with coagulable lymph but not extensively diffused upon the surface. Heart darker coloured than natural from engorgement; somewhat enlarged. Coronary arteries filled with atheromatous deposit as hard as bone (and consisting of an irregular calcareous deposit with fat granules) Hypertrophy of the left ventricle. Mitral valves insufficient from thickening near the free border + atheromatous deposit between the folds (and of fine fat granules & some cholesterol crystals). A small coagulum in left ventricle. Semilunar valves of aorta containing atheromatous deposit. Inner surface of the aorta of a buff yellow colour, rendering evident an irregular deposit of yellowish atheroma between the lining and subjacent ~~coat~~^{tunica} consisting of fat globules and fat granules without cholesterol. Walls of the

Right ventricle somewhat thickened, tricuspid-
valve ~~thickened~~ ^{healthy}, and semilunar valves of the
pulmonary artery also healthy.

Abdomen Mesenteric glands healthy, no ex-
ternal mark of disease upon the intestines,
mucous surface natural, stomach exhausted.

Liver of natural size, of a chocolate brown
colour, slight effusion of lymph on the posto-
hepatic surface, somewhat condensed in struc-
ture, lobuli more distinct than natural, he-
patic cells containing small groups of fat gran-
ules but no globules.

Spleen smaller and harder than natural,
condensed in structure + a patch of carti-
laginous degeneration (atheroma?) upon the
convex surface.

Pancreas healthy.

Kidneys Suprarenal capsules healthy. Uters
of natural size. Kidneys smaller than in
the normal state, lobes distinct externally
with several urinary cysts perceptible, ^{on surface} (Con-
densed in their structure, lobules distinct,
granular degeneration of the cortical sub-
stance not decisive in its character, the
right more granular than left, a few whitish
yellow in size from a mere point to $\frac{1}{4}$ of a
line in diameter, scattered among the
medullary and cortical substance were nar-
row prismatic cysts (calculi?) The tubuli

Utricle of the Medullary and Cortical -
Substance presented the usual character
observed in the normal condition, they were
every where lined with a perfectly developed
epithelium, but a small proportion of them
contained groups of fat granules. The epi-
thelium also investing the Malpighian cor-
puscles was entire, but the cells in many
cases contained groups of fat granules. Cho-
liferous utricles were observed mainly filled
with nuclei, or a mixture of them and fat
granules. From the papillae renales a
white milky exudation took place on pressure.

1853 =

Malignant Fev., Mr. Selser aged 20 a robust vigorous young man, ruddy complexion and chestnut hair, arrived in Philadelphia from Wickburg Miss. since which time he has been sedulously attending lectures in the University Pa. as a first course student,

until the period of his attack he has enjoyed good health, within the exception of feeling uncomfortable about the precordial region a few days previous to it and an attack of Catarrh. I was called to see him on Saturday Nov 19th in the afternoon, and found him complaining of fever. His skin was somewhat warm, ^{& dry} pulse 90 - thirty, tongue furred - Bowels had been moved two days previously by the Sulphate of Magnesia. Directed Blue Pills & extract of hyoscyamus & Neutral Magma. Nov 20th Sunday - was sent for to see him in the morning in consequence of violent vomiting having come on during the night. Found the retching violent & large quantities of green bilious matter discharged. Face flushed - by the efforts - but skin comfortable & pulse soft, moderately full & less frequent than the evening previously - Directed equal doses of to back and abdomen & Cal & opium in doses of $\frac{1}{2}$ each every 2 hours,

In the afternoon there being no abatement
of the vomiting - gave an anodyne injec-
tion, which was repeated - both Laudan-
um in solution was thus administered =

12. dr. An alleviation of the vomiting, but
much jactitative restlessness, sleeping of
intervals for half an hour or less.

21st Monday - was sent for in haste with
the statement that he was suffering from
spasm of the chest - on visiting him found
that he was agitated by by convulsive in-
compressible spasmodic movements of the di-
aphragm & abdominal muscles, the act of
respiration was most painful, the muscles
of the chest were sore as were also those
of the back & hips, the slightest pressure
upon them produced an accession of
pain, his spine was tender on passing -
then being upon the spinous processes - ~~the~~
respiration was heaving - ~~and~~ with -
it a loud expression of distress & suffer-
ing. The face was flushed, eye injected

and he stated that he had some headache -
the ~~temp~~^{temp}erature of his skin was not
more elevated than it had been, the
pulse full but soft was 80 pr min. =

After rubbing him freely along the spine =
without relief = Held him 12 oz = When he
said he felt faint. Blood flat unseparating
clot of a darker hue than usual. Gave
Camphor Mixture with Cortex + Black Dip-
in 10 gr doses, evry 3 hours.

4 P.M. Found him still laboring under
the irregular spasmodic respiration +
with a pulse somewhat increased in fre-
quency, but full + strong = Requested Dr
Wood to see him with me, Dr. + Ant =
8 1/2 P.M. = There being no relief to his convul-
sive respiration + his sufferings being intense
with threatening congestion of the brain and
lungs we decided to repeat the R.S. = which
was done to the extent of 3X.

Nov 22 = 9 1/2 = Although the respiration had
become quieter, ^{and} still he has had intervals
of rest during the night, it is laborious -
with high heaving of the chest + painful
action. Face flushed + eye much injected
pulse 112 - but progressing fine - temperature
good = very restless tossing from side to side
+ rising from time to time, desiring to change his
bed. Tongue furred but moist, no vomiting -

Bowels slightly moved with dingy green watery discharges, small in quantity. On the groin & over the belly & thighs discovered a full petechial eruption. His attendant stated that he spit blood at intervals = Gave him Ol. Scurbit & Must. Mixture = and to keep on action of the bowels - Magnesia Mixture & Had cat. Senna = ~~nomestmat~~

5 Feb = Somewhat more quiet = but still restless = flush of face continues = respiration nearly transient, pulse become feeble = bowels have been freely moved, mind was delirious and disposed to dose for short intervals = when fully aroused however conscious = of who are about him = Stimulants =

11 Feb = Found him with scarcely perceptible pulse, but very restless = Arose to visit. Mate ostensibly, but hardly knowing what he desired, sat upon the side of the bed ^{with little} ~~without~~ assistance, laid himself down on his back & in 15 minutes expired.

After disposed to bleed from exertion, checked by a roller from the hands.

This gentleman came from a district of country where yellow fever prevailed extensively, & lost his mother & brother since his arrival in the city. He was much exposed on his journey - in riding on the out side of the stage from -
Buckstung to Montgomery & Hay.

Cinchona

Miss, C. Biddle - aged 30 - Delicate constitution -
Stomach flat. Light hair & eyes - Has laboured -
under Chills & Fever since August - Has been
living during the whole summer in the region
of the Delaware within a mile & a half of the
margin. During October and November the Paroxysms
repeated every two weeks, thus taken the sulphate
of Quinine freely and with a view to the anticipa-
tion of the attacks, so as to completely derange
her nervous system. Suffer much from head
aches. On the 23^d of November was called to see
her & found that in addition to the nervous
symptoms - her tongue was furred, bowels consti-
pated, with a yellow tinge of her eye & skin,
digestion impaired & a tendency to fulness of her
head & neuralgic head aches.

Prescribed Blue Pill, & a purgative - followed
by Taraxacum -

On the 28th skin clear & eye - tongue clean and
the bowels free - weak & debilitated, directed Est

of Gentian & Pot. vine.

Dec 23. was again called to see her & was told that she had a Chills the afternoon ^{but one} previously followed by fever & head ache =

Found her free from both and directed Sulph. Anstomia in pi pills = the way - two boxes =

4th Has taken 3 pills = each day = in evening had Chills =

5th Free from Fever directed a more liberal use of the medicine =

7th Has taken 24 pills & no return of Fever = on the preceding evening.

Diabetes Mellitus Death.

Beauregard Newman Aged 20 years, has been for five years past at least the subject of Diabetes, from which his general health has been much impaired. The quantity of urine voided amounted to 16 pints or more in the 24 hours, highly charged with sugar. For years his thirst has been excessive & the appetite voracious. Emaciation has been progressive & of late he has exhibited a disposition to lethargy. Various modes of treatment have been adopted but without making an impression upon his case.

On Thursday July 10th 1856 he left Long Branch where he had been spending a week or two. Left under the impression that he was more poorly, feeling some difficulty of respiration, & arrived at home in the evening.

On Friday 11th he was attacked with ear aches, the pain being severe, radiating on the side of the head, for which he applied to his Medical adviser Dr Gooddard, & was relieved by the application of 2 drops of Tr. Acute with a few of Glycerine. In the evening he complained of difficulty of respiration, which increased so as to become alarming during the night.

At 2 or 3 A.M. July 12th I saw him with Dr Gooddard & found him in the following con-

dition. He was lying on the floor to which his mattress had been removed, gasping for breath and complaining of intense agony in his chest, respiration short & hurried, interrupted with moans & exclamations. Consciousness perfect, but mind disposed to wander in the intervals of his cries for relief, pulse 130, sharp & contracted, heart beating with violence, with an exaggeration of the normal sounds, respiration clear through the chest & percussion resonant throughout, face flushed, eye somewhat injected, extremities cold, body warm, thirst excessive, tongue coated, bowels had been confined for several days. A dose of Morphine Sul. ^{had been given} ~~had been~~ given to him, which ^{soon affected him} seemed to calm the excitement but did not diminish the respiration. Dry cups were placed on the back of the neck, followed by a blister, & 5 grs of Calomel & an equal quantity of of Er. Col. Comp. revulsion was made to the extremities.

8^{1/2} A.M. a soporose state had succeeded to the excitement, gradual loss of consciousness had come on, eye fixed, pupil contracted, face still flushed, inability to swallow, skin becoming cooler, with copious sweating, pulse small & running, yet chorded. A large accumulation of water had taken place, which was drawn off, 10 lbs. Gradually sinking, pupil dilated, respiration shorter & pulse declining rapidly, extremities livid; at 11 A.M. died.

Placenta previa -

Mrs. Lewis pregnant with her sixth child during the summer has enjoyed good health in the country, - and ^{but} once had a show of bloody discharge, returned to town at the conclusion of the season & during the month of September had discharges of blood sufficient to lead to the idea that her pregnancy was accompanied by placenta previa.

Oct 5. 1858. was taken in the morning with labor pains & flow, in which continued all day & during the evening.

at 11 1/2 P.M. was called to see her in consultation with Dr. C. D. Briggs been ascertained, found that she had lost much blood, but her skin was warm & her pulse good but soft, about 85. face colored as she lay with her head depressed, & uterus dilated & soft sufficiently so to permit a determination of the presence of the child's head not engaged in the neck & a fl of detached placenta lying partly projected from the open os - the placenta previa was determined to be partial but half over the neck of the uterus & therefore not largely separated by the dilatation of the neck. Dr. had used the gum elastic bulb filled with ^{iced} water in the vagina & cold to the abdomen & as the pains were feeble he had given

Small doses of Ergot. At 7 A.M. the pains
appeared suspended or feeble & it was de-
termined to give her full doses of Ergot
as the neck & so were detectable. Her
strength apparently failing stimulants were
used freely internally & movement in the
shape of head & neck. At 2 P.M. the head
had much descended & had been brought
to bear upon the separated portion of the
placenta. but it was discovered that the
funis had descended & from its position
must for some time have been pressed
upon there being no circulation & the
child dead. There being no reason why
deliverty should not be expedited & as
her pulse had very much failed & her
breath & nervous irritability were in-
creasing, it was determined that if the
uterus did not bring the head within reach
of the forceps - to introduce a tractor with
the head of the child & deliver. Being dis-
appointed in the efforts of nature the pains
becoming suspended & the danger to our
patient from exhaustion eminent, the
hook was introduced & the head delivered at
a quarter before three.

After delivery there was no hemorrhage but
from drainage, but patient was very much
exhausted, the pulse remaining very frequent.
Gave $\frac{1}{4}$ gr Sulph Morph. =

At 4 1/2 A.M. disposition to sleep, pulse still
frequent but fuller. = During the latter part
of the labor she was sick at her stomach
attributable to the agent & this nausea con-
tinued in moderate degree. =

5-11 A.M. Patient has slept a few hours -
has warm skin & pulse of sufficient force
but still frequent. Continue anodyne & mor-
phine, then some contractions of the uterus -
which were brought on by the agent & con-
tinued as after pains have much subsided.
expresses herself comfortable, but weak. =

5th P.M. Labouring under prostration, with
some discomfort from uterine contractions
pulse rapid & weak 120 per minute =

Kept under the influence of Morphine &
allowed her of Milk & Starch as diet.

7- Pulse less rapid & stronger.

8. Comfortable & less prostration pulse 100 =

10- Labouring under irritation from secretion
of Milk & prostration is apparent under
the secretory action. Diet Cond. broths have
been mixed by digestion no pain or abdominal
uneasiness. =

This patient for a long period laboured

Under most of the symptoms connected with the loss of blood. Her pulse continued rapid for weeks - her hand was oppressed by weight & uneasiness, her bowels became torpid & extreme nervousness almost threatening paraplegia had existed for some time, but under the use of Sulphate of Iron & iron with good nourishment, she ultimately recovered.

Eclampsia, with albuminous urine, =

Mrs. Sayre aged 27 of delicate make & tendency to affection of the lungs, was pregnant with her first child. Her lower limbs became much swollen in the 7 months of pregnancy, but in other respects her condition presented no marks of alteration. On the 6th of November her urine was examined & offered evidence by the action of heat & nitric acid of a considerable amount of albumen, the sp gr was 10017. No test of the amount of urea was made.

On the 10th I found on visiting her that the swelling was rather increasing, still she complained of little except confusion when long occupied in sewing, which was interrupted and although the urine in quantity was abundant, some sweet spots of urine was directed & her towels to be kept fresh by scrupulous water.

On the 18th I was called to see her in labour which had commenced in the night with the discharge of waters, her husband stated she had been apparently well for the last few days, with the exception of some shooting pain in the forehead & a little confusion which

passed off in a few minutes & which
had been met by a sedative powder.
When called to see her she was calm
with an unaccelerated pulse & suffering
under pains at intervals of ten min-
utes of a somewhat forcing character.
On examination I found the os well
dilated and the os pubes presenting with
the left foot a little in advance of the
sewer turn. At 12 M. the labour was
going on well, the child having descend-
ed so as almost to reach the perine-
um & distend it, with fair progress in
effort, and no complaint of head or pre-
monitory symptoms. At 12 1/2 when the
child fairly distended the perineum she
was seized with a violent convulsion.
It was immediately deemed expedient
to hasten delivery by traction on the
groin of the child by which I succeeded
in delivering the head, the body soon
followed & was rapidly delivered with the
arms, at which stage another convulsion
came on, viz. the midst of which I
succeeded in getting the narrow blade

of a rectis above the head & hanging it
away. The child was born in a state
of asphyxia, but the heart had not cea-
sed to beat although for several minutes
there had been a cessation of circulation
in the cords. By artificial means in a
little while breathing was established &
the child saved.

After delivery the clamps returned
by 20 minutes for three hours, with a
soporose interval & on the return of con-
sciousness a relapse into the convulsed-
state; during the soporose condition the
snore pipe (motion of the mouth was com-
mon attendant & stertor.

The pulse was rapid & very feeble at the
times of the convulsions almost lost, &
the skin cold. A free hemorrhage had
occurred at the separation of the after-
birth & continued half an hour which
told on the circulation; the treatment
therefore was confined at first to stimula-
tion externally, and the employment
of an Opium & Aconitine injection, -
At 5 o'clock by cup to temples & behind ears.
(See Opium & Aconitine Injection, p. 34). At
five as the intervals of clamping were
prolonged to one hour, & a stimulatory
nutritive injection (wine & Anker-Pursh water

31-grain. At 9 a.m. the interval varied -
from 20 minutes to 2 hours, there being
evident exhaustion on grain & a half
of emmen was added to the injection -
at intervals of 2 hours. The blister on
the back of the neck had drawn & re-
action fairly established. At 11 P.M. the
last convulsion took place, at which
time patient was very restless but
unconscious - this was attributed to dis-
tention of the bladder, which was relieved
by the catheter.

1000 A.M. Nov 19 - Patient has slept dur-
ing the morning for several hours soundly,
and naturally, has returned to partial
consciousness, & taken some nourish-
ment. pulse 93 - weak, skin warm,
urine suspended & nourishment given
The urine drawn by catheter, ^{at 900 A.M.} was thick &
sp. gr 1000 - coagulated largely by heat, colour
dirty. On standing until evening deposited much
epithelial matter & water of ammonia with crys-
talline matter, from 3/4 by nature, and when the
albuminous coagulum was removed, & obtained gas
of ^{nitrate} of urea.

Nov 20th passed a good night, consciousness perfect, feeble, with a pulse of 93, Moderately strong & good, warmth of skin, Says she is a little confused & recollects nothing of what has passed, very sore in the limbs. Diet of beef tea & a little ice cream, urine drawn by catheter.

21st, Passed a comfortable night. Is perfectly rational, and composed. Pulse 86 - good. Passes water largely by catheter. Com- plains of blister & soreness in her limbs, - from which the deposit of effusion is - passing off. Diet beef tea & Pruna. Spt - out Dr... perfect spirit.

Urine - sp gr 10013. free from albumen.

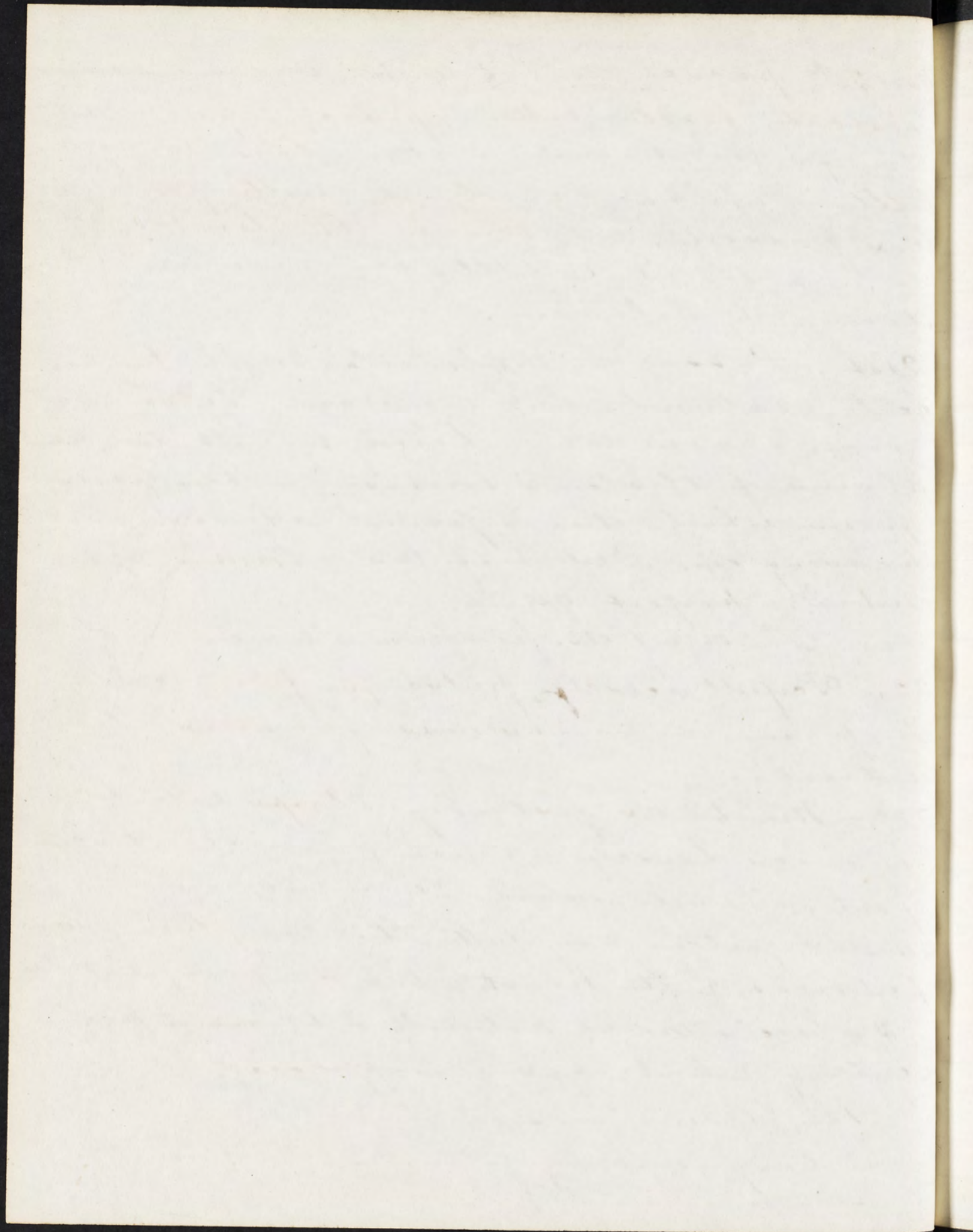
22nd = Perfectly herself, pulse 93 - from debility - No pain or uricaceous - functions all natural.

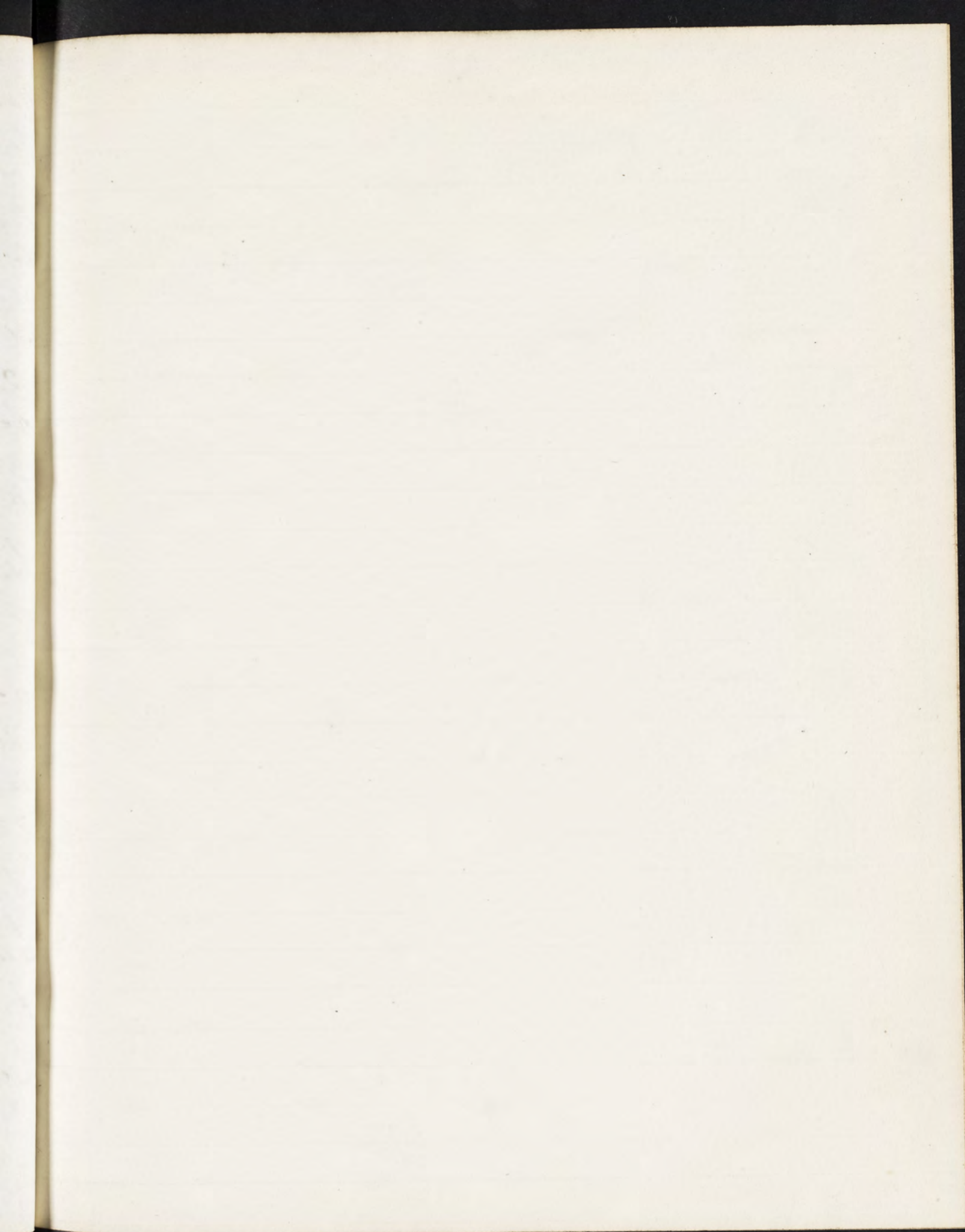
23rd = Much as yesterday. Sleeps well & con- fesses herself as free from all discom- fort. = bowels moved - & urinates freely.

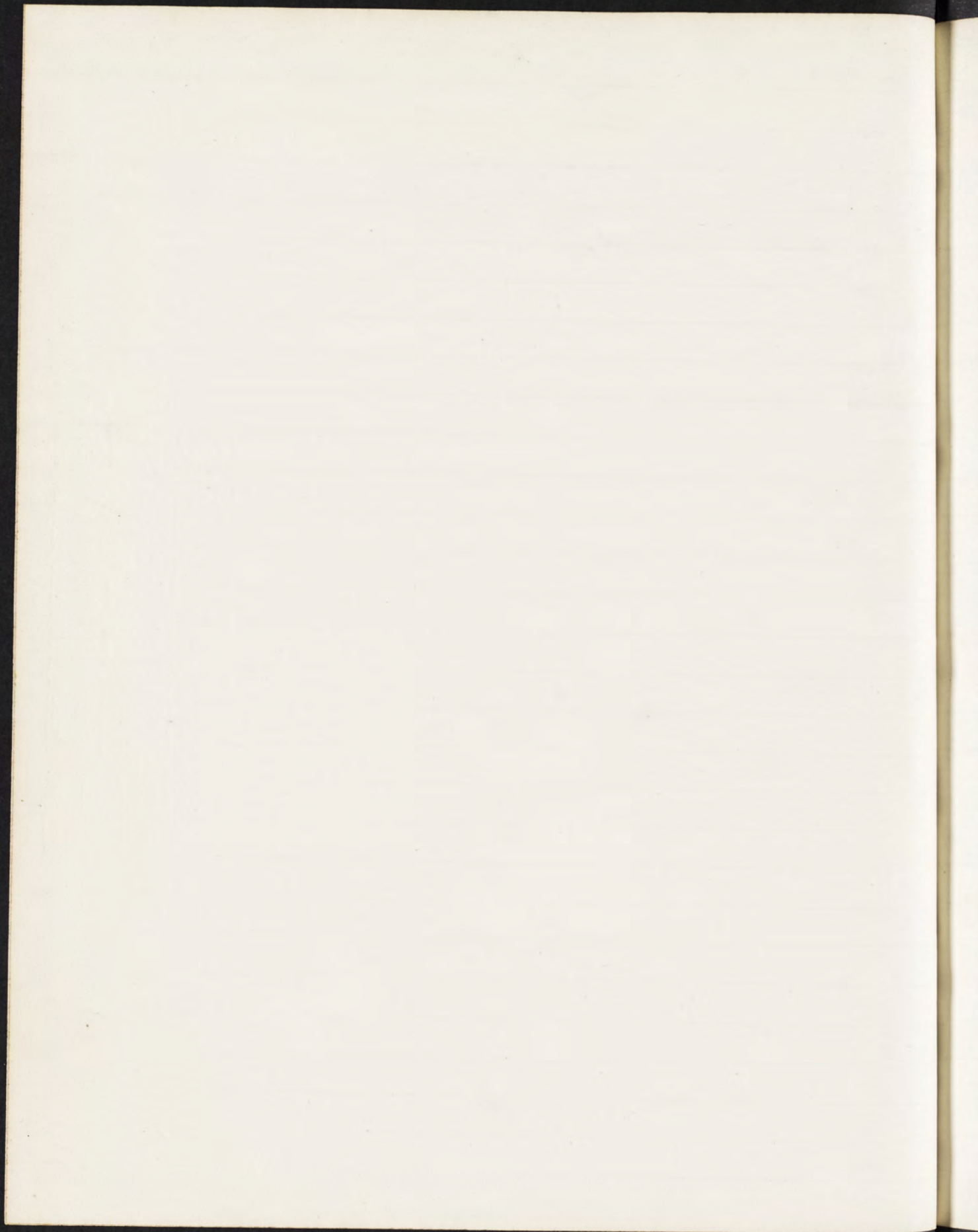
24 - As yesterday with the exception of some fulness of the heart = but not painful. pulse 94 = bowels moved naturally & urinates freely - Swelling of limbs has disappeared.

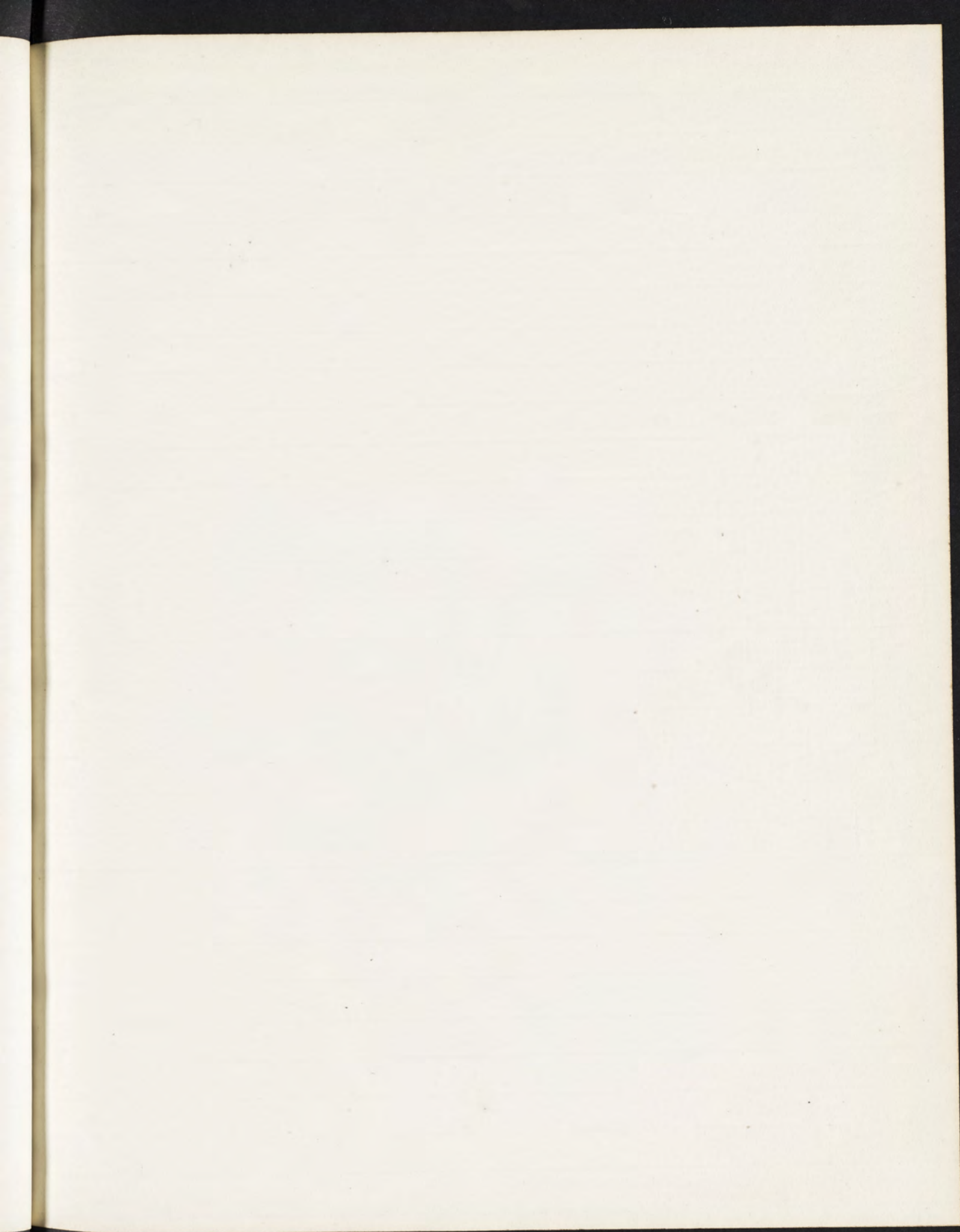
Dec 1st, Convalescent.

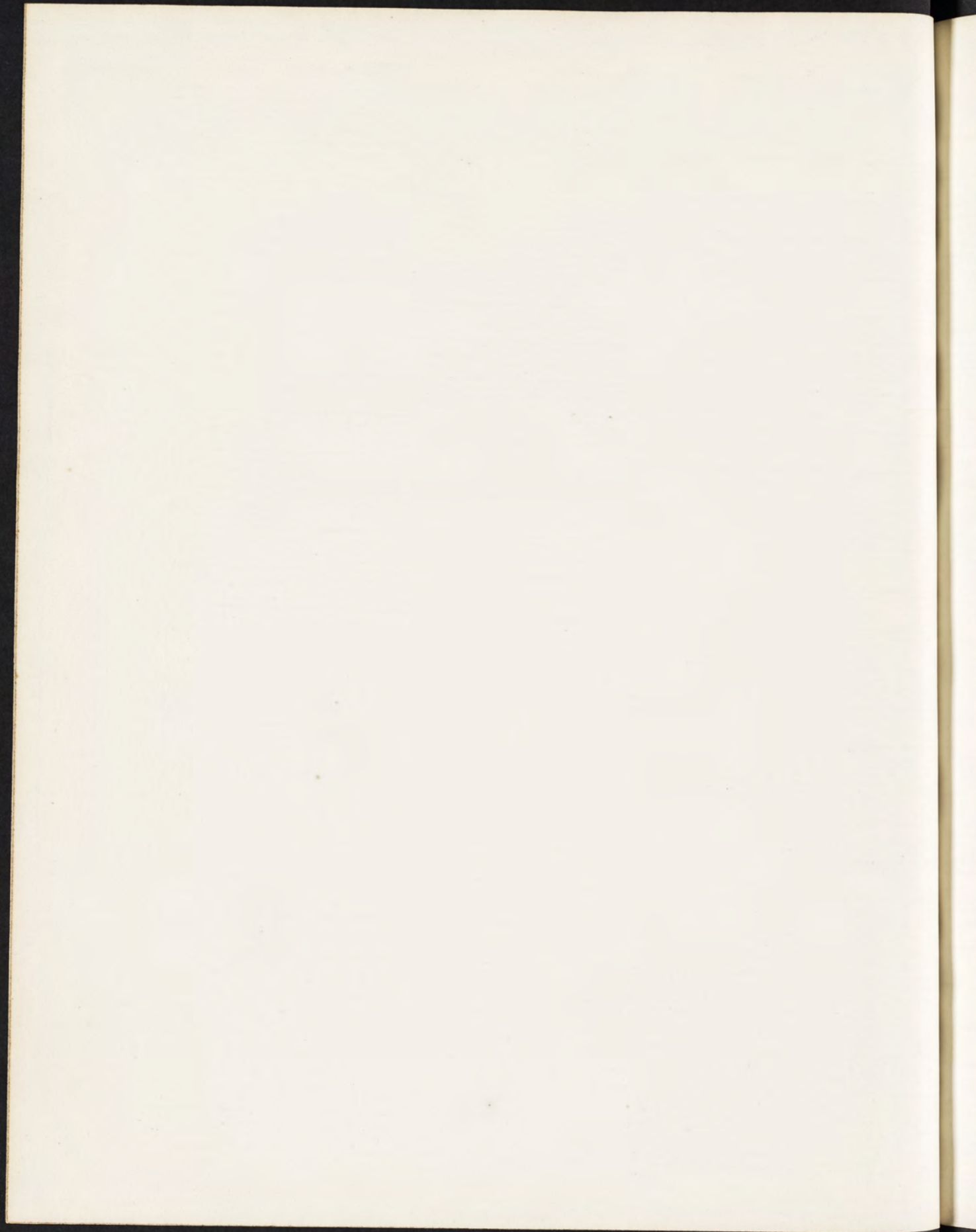
This lady gradually got well but remained - weak for some time.

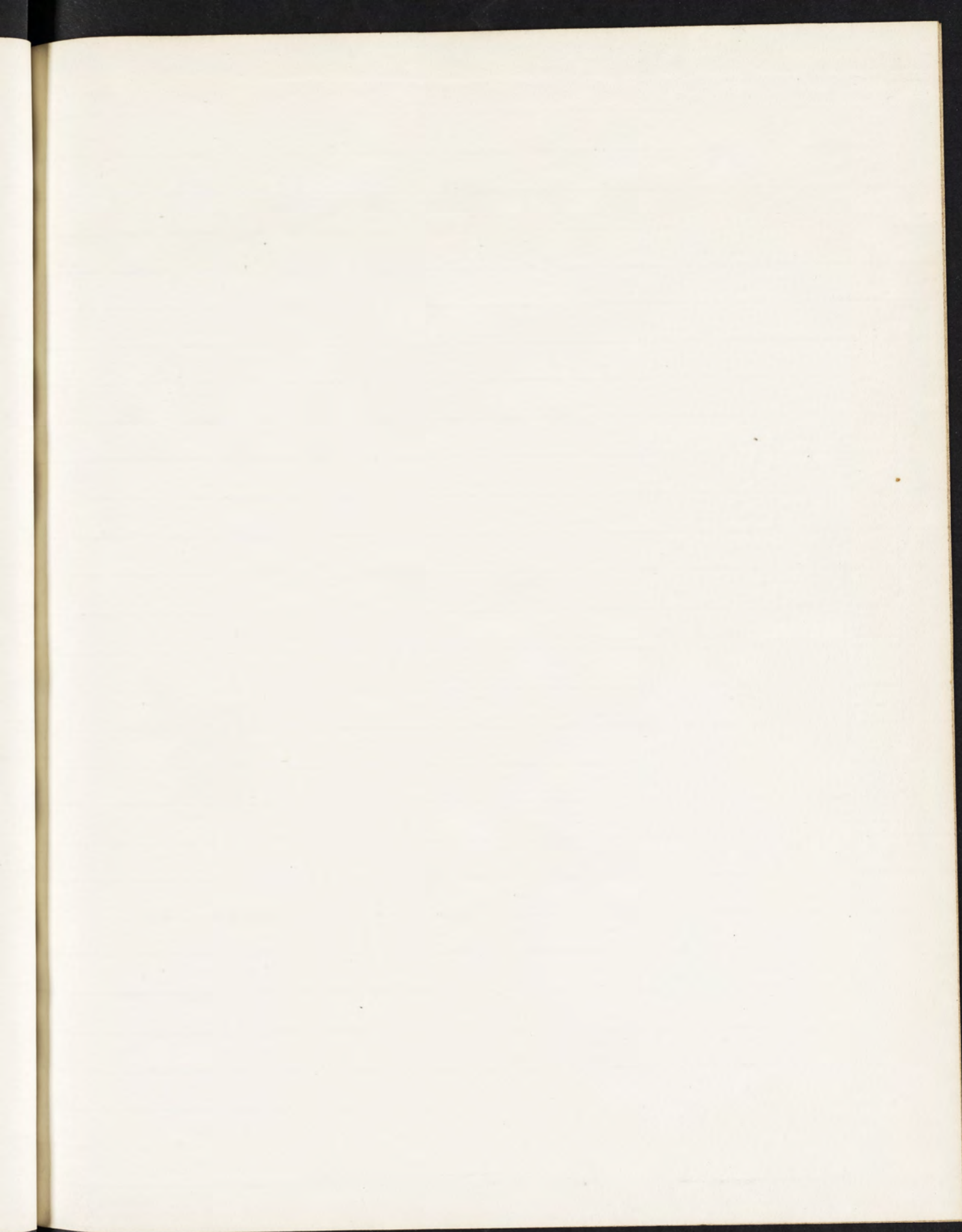


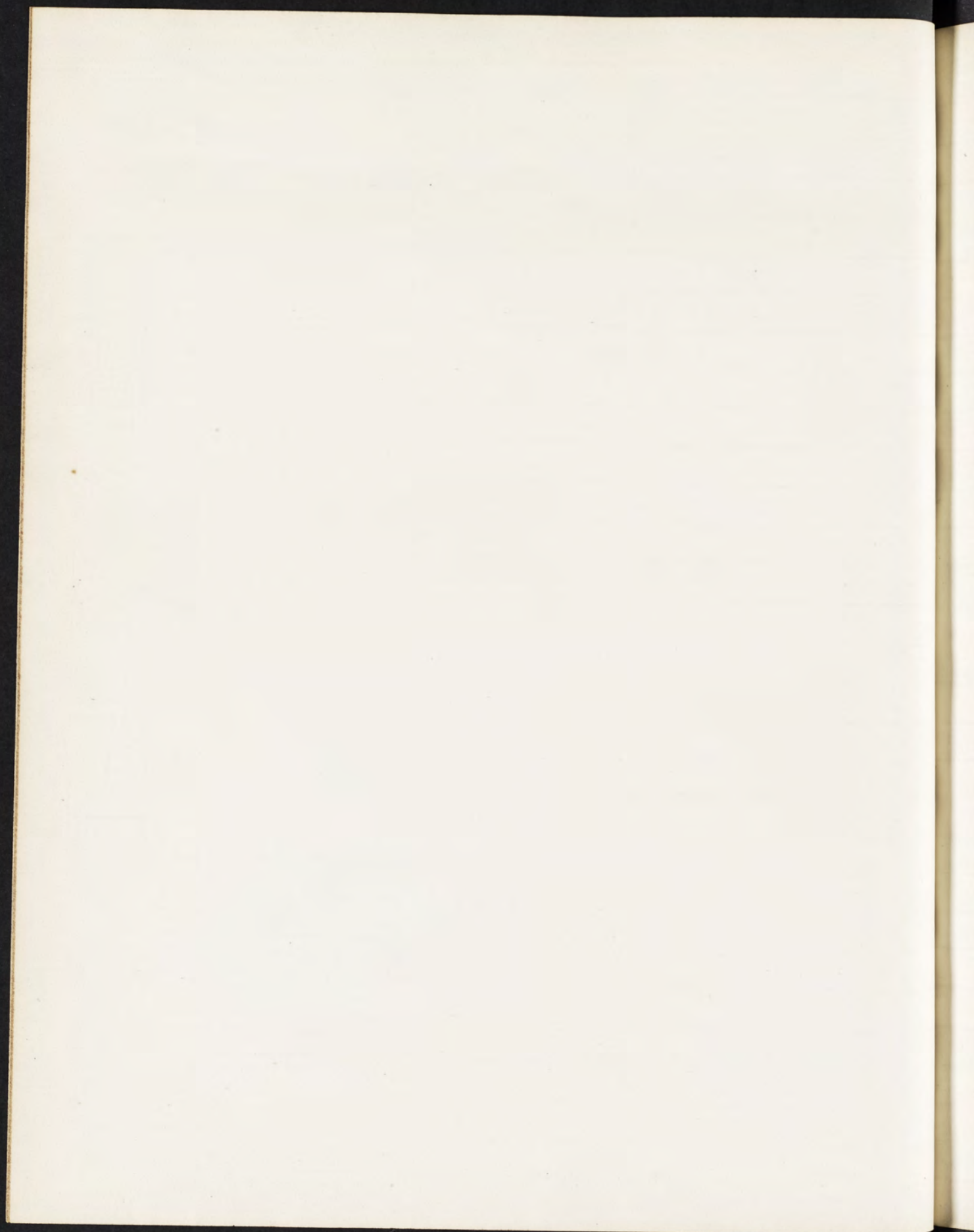










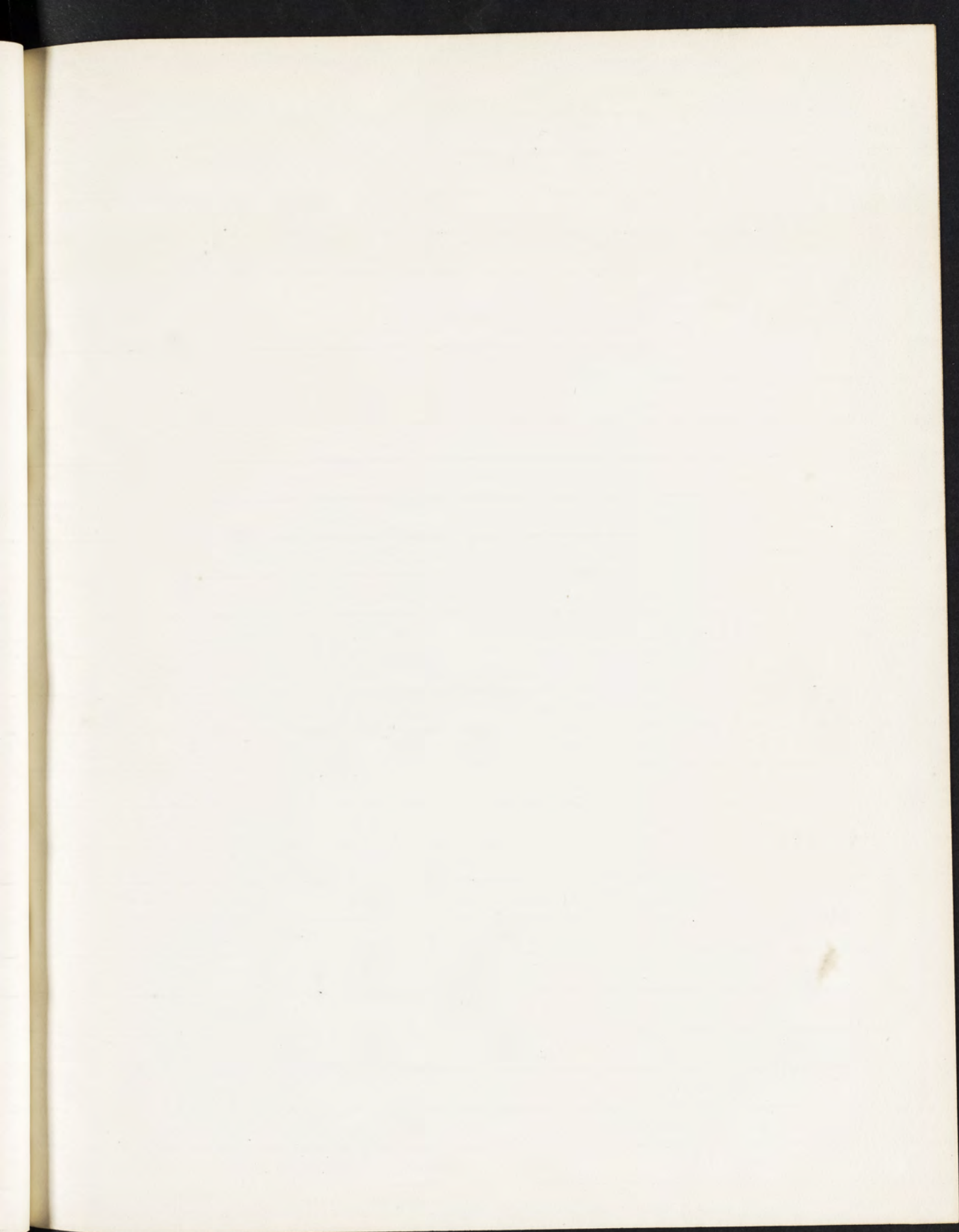


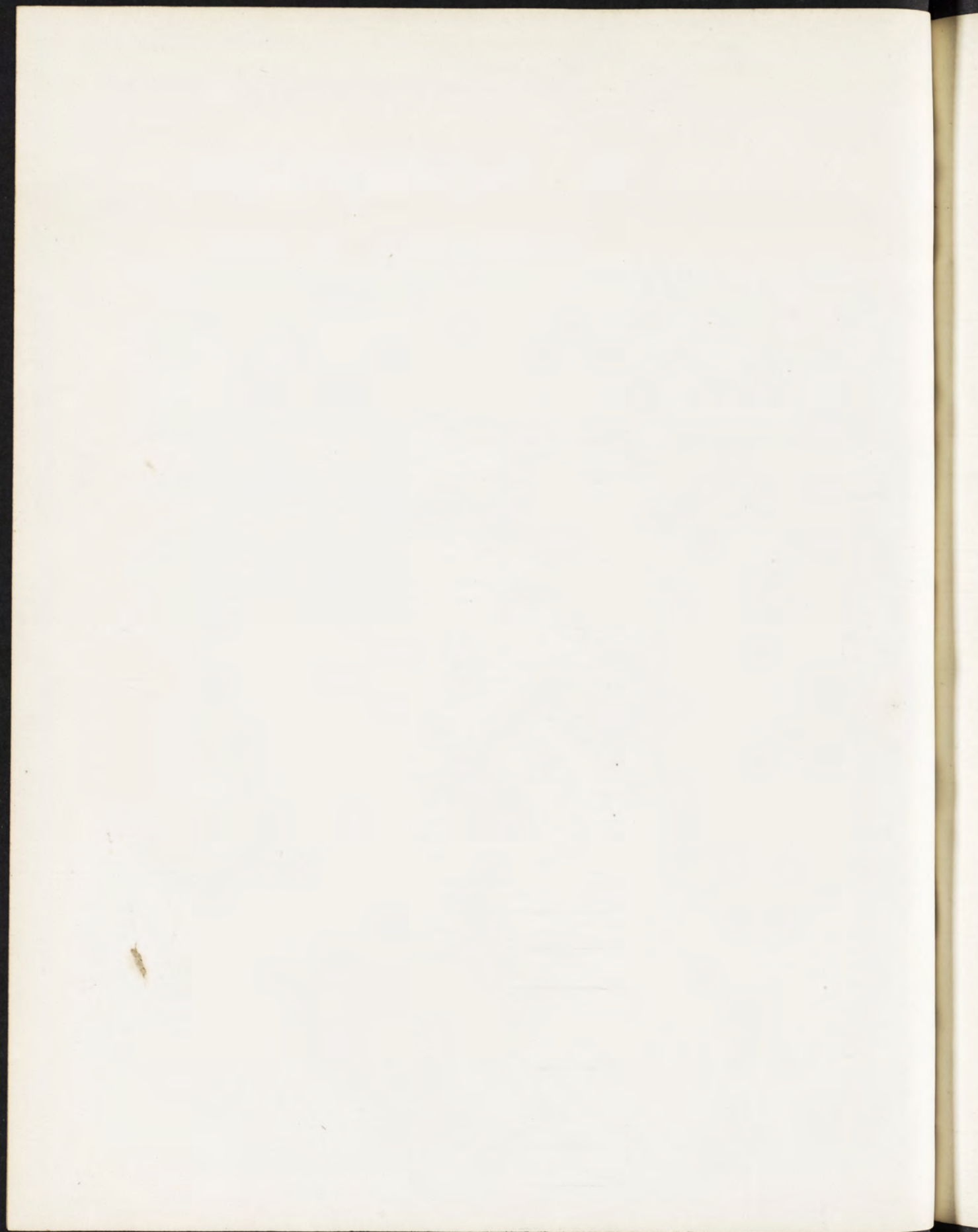




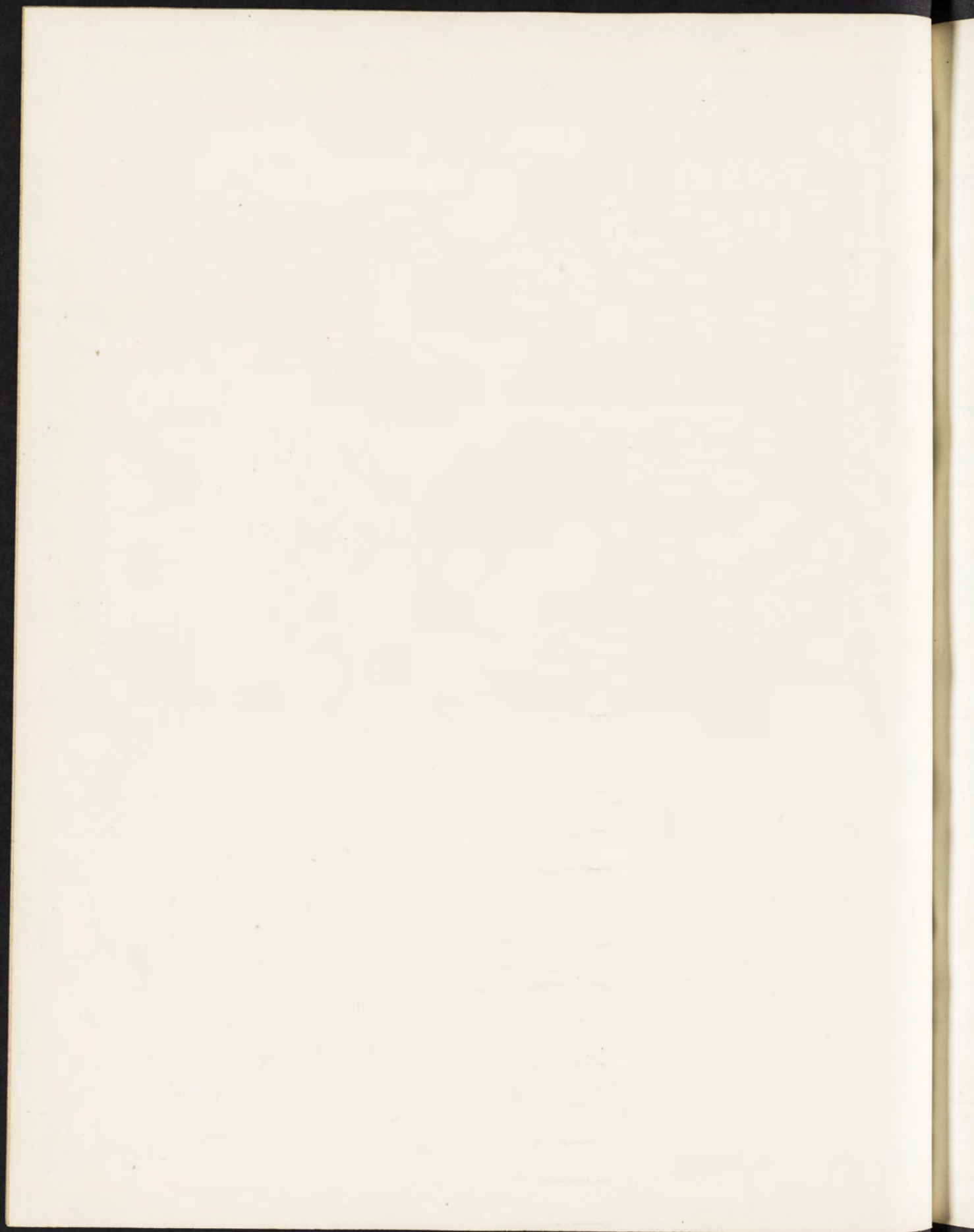




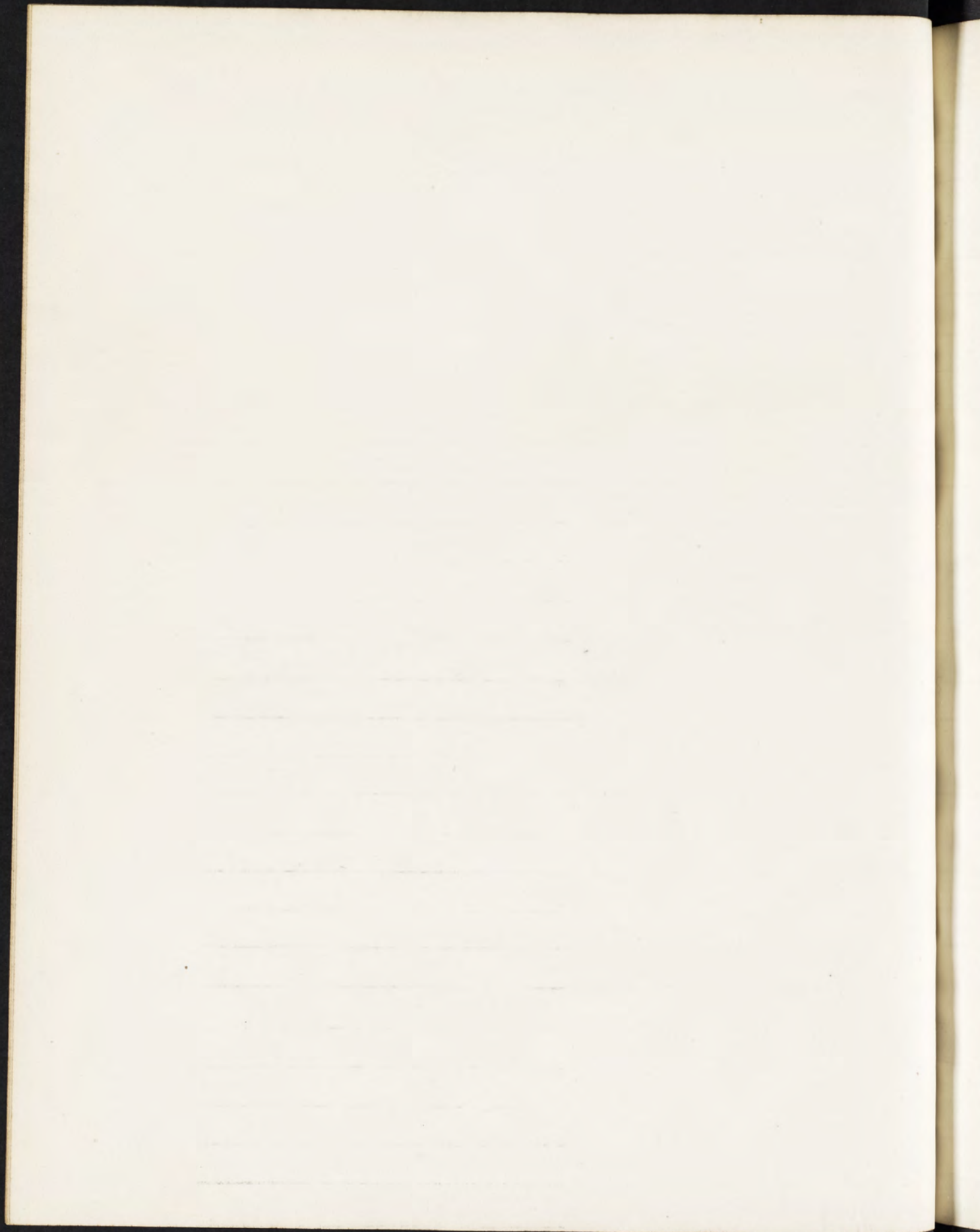




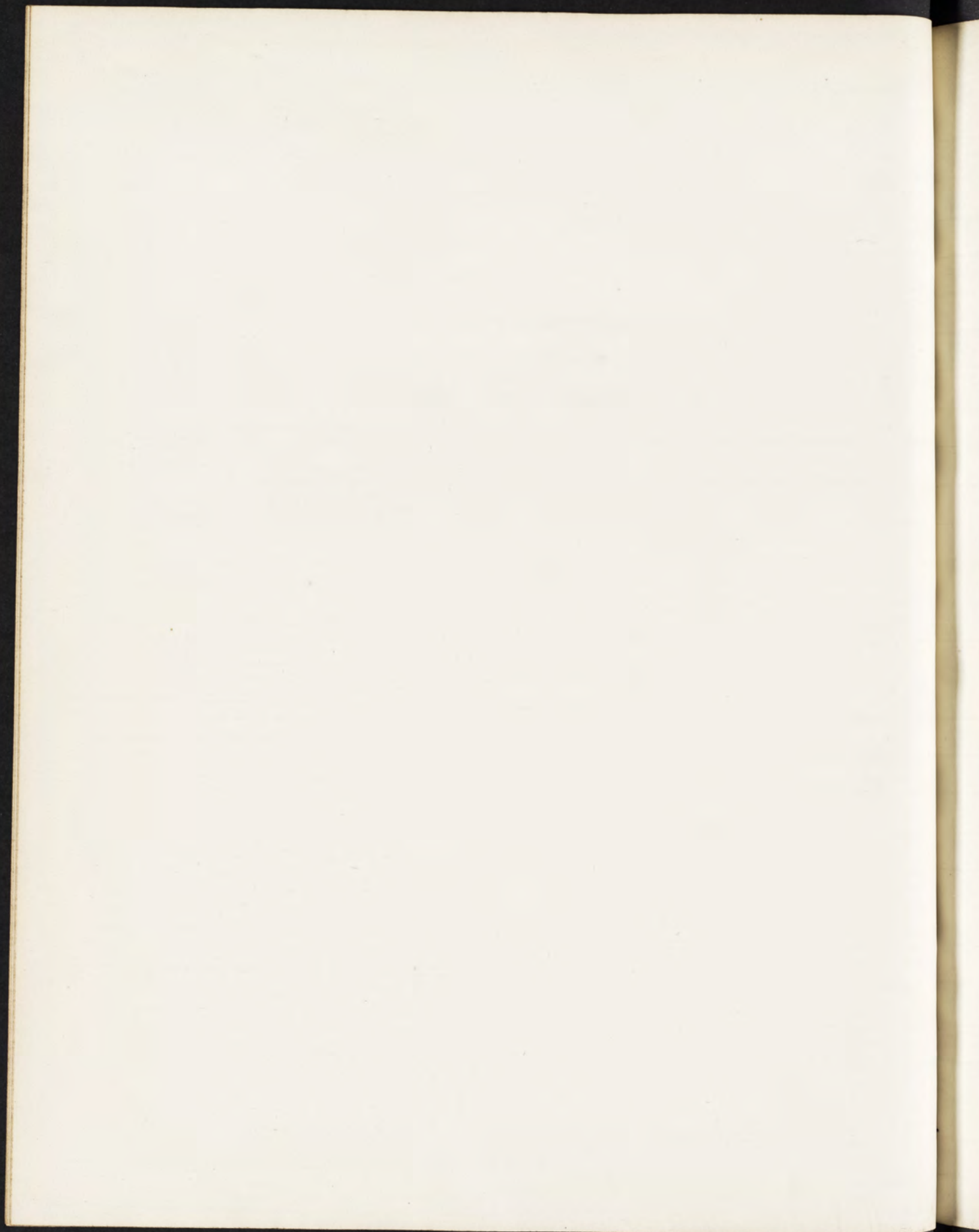








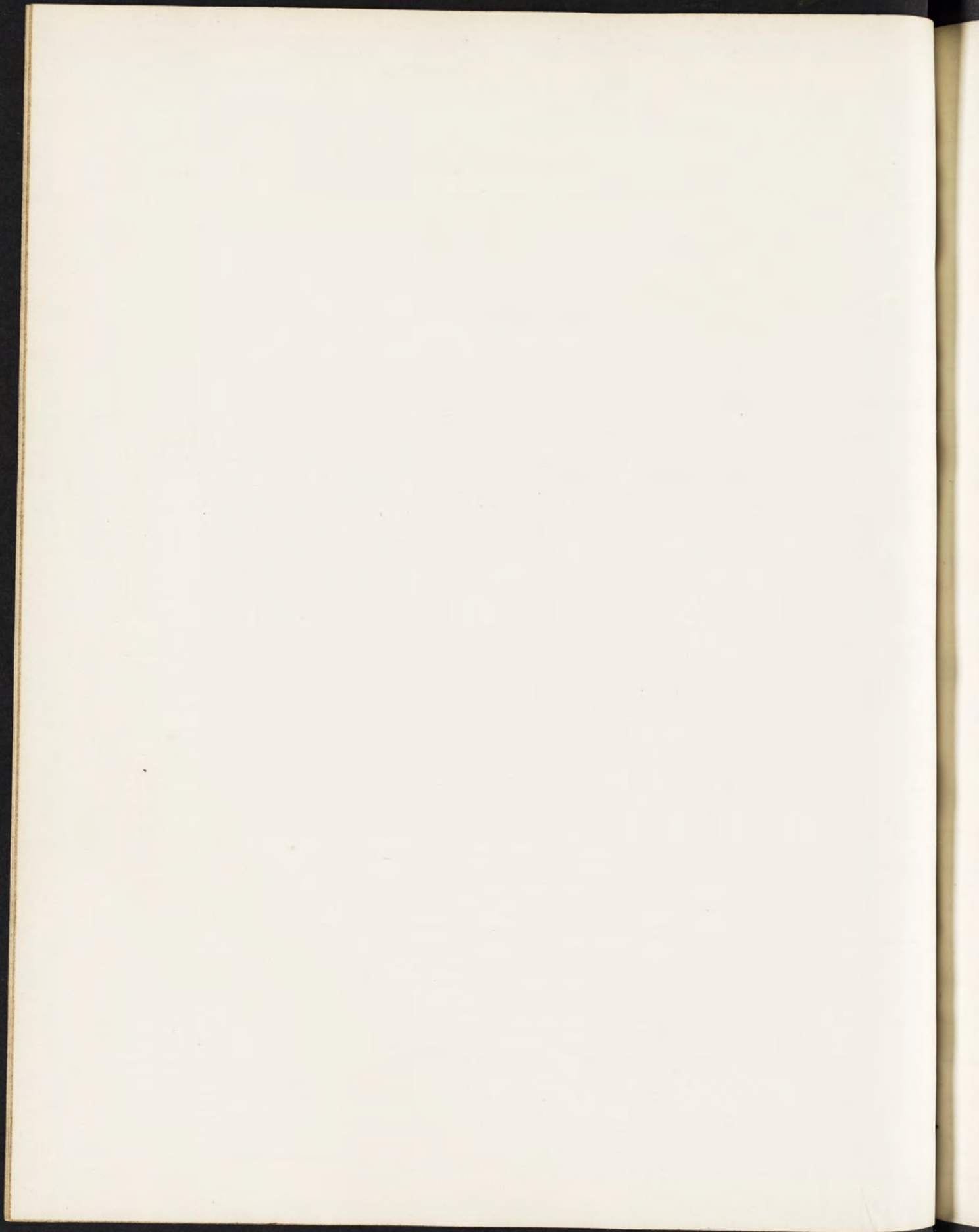




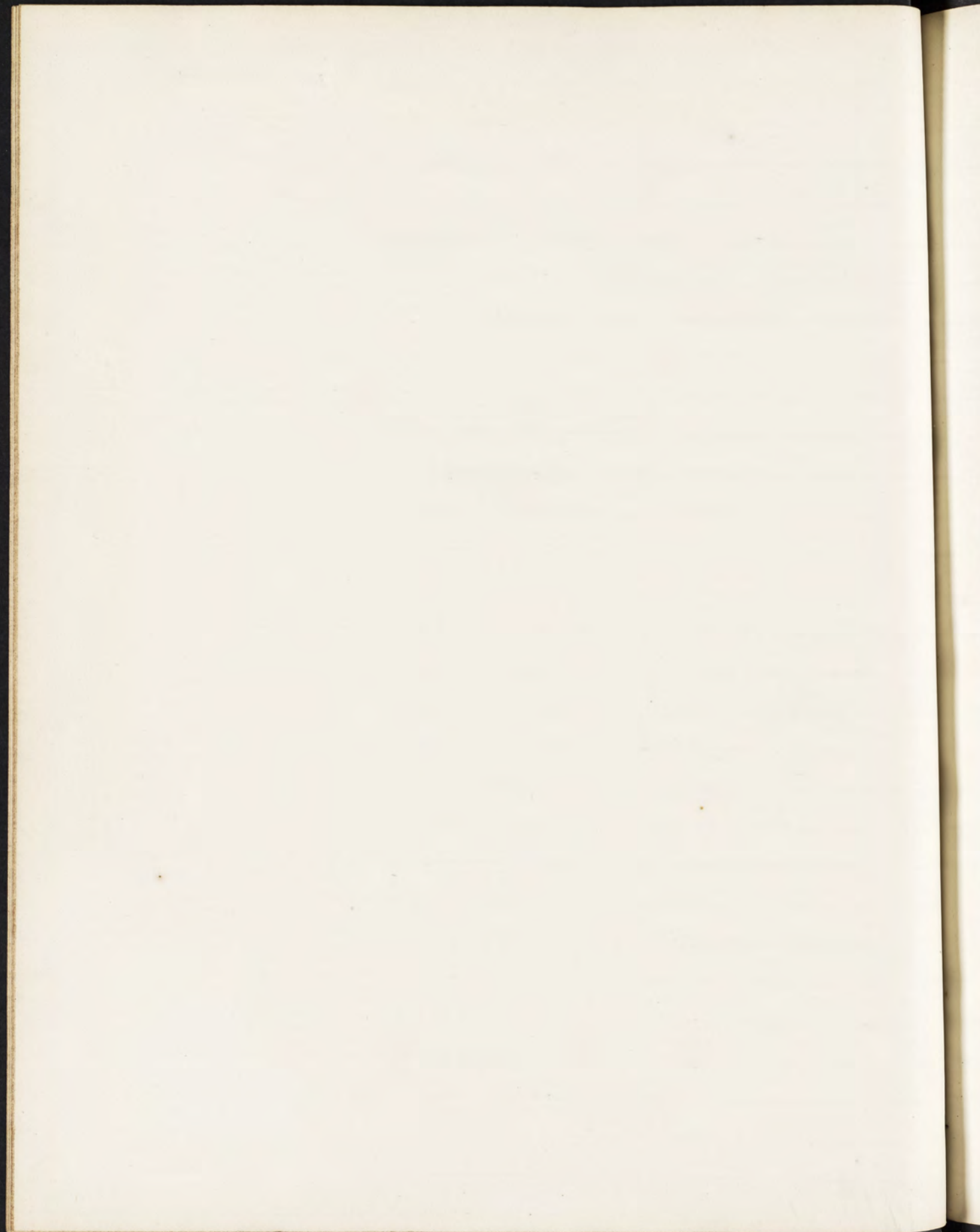




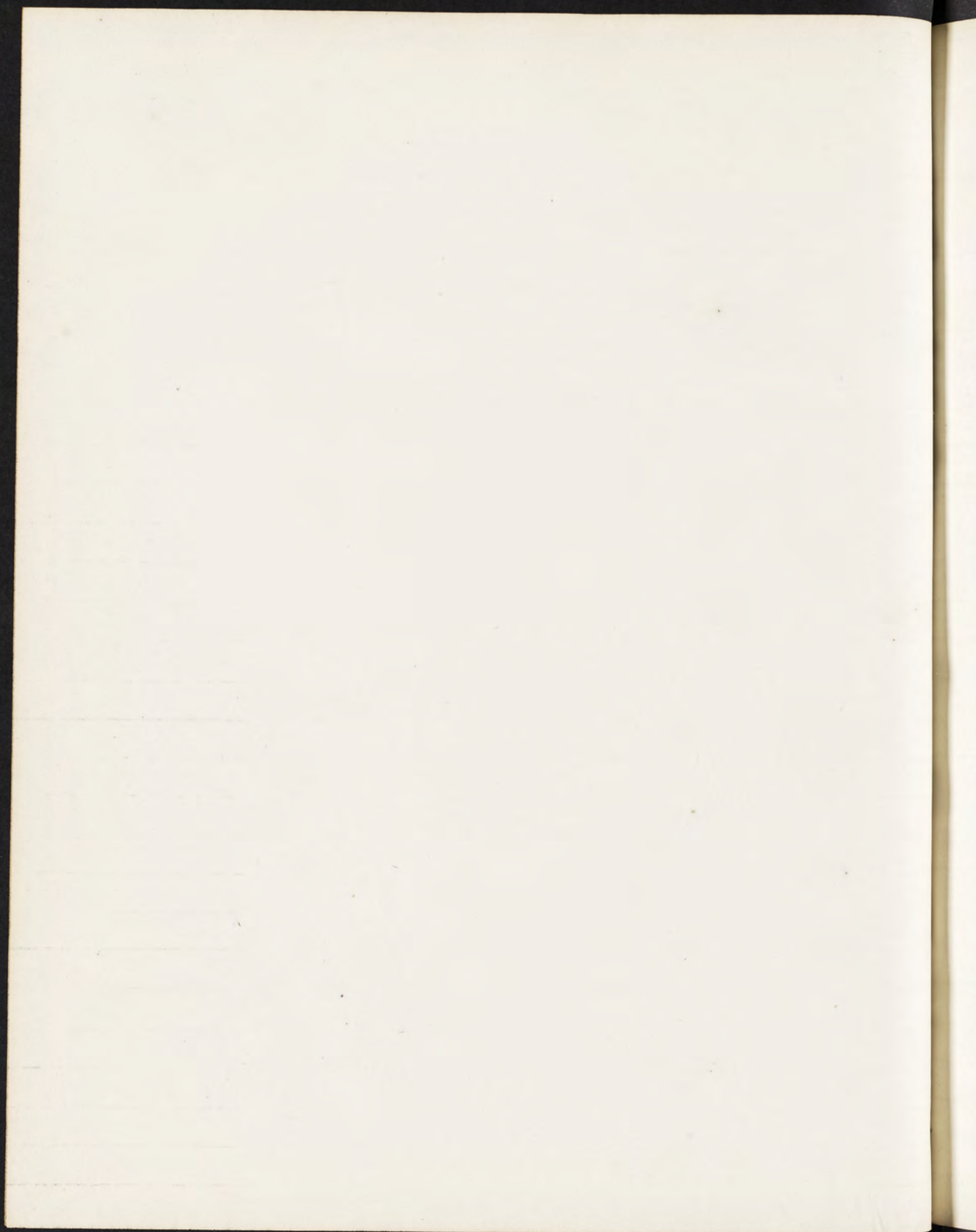




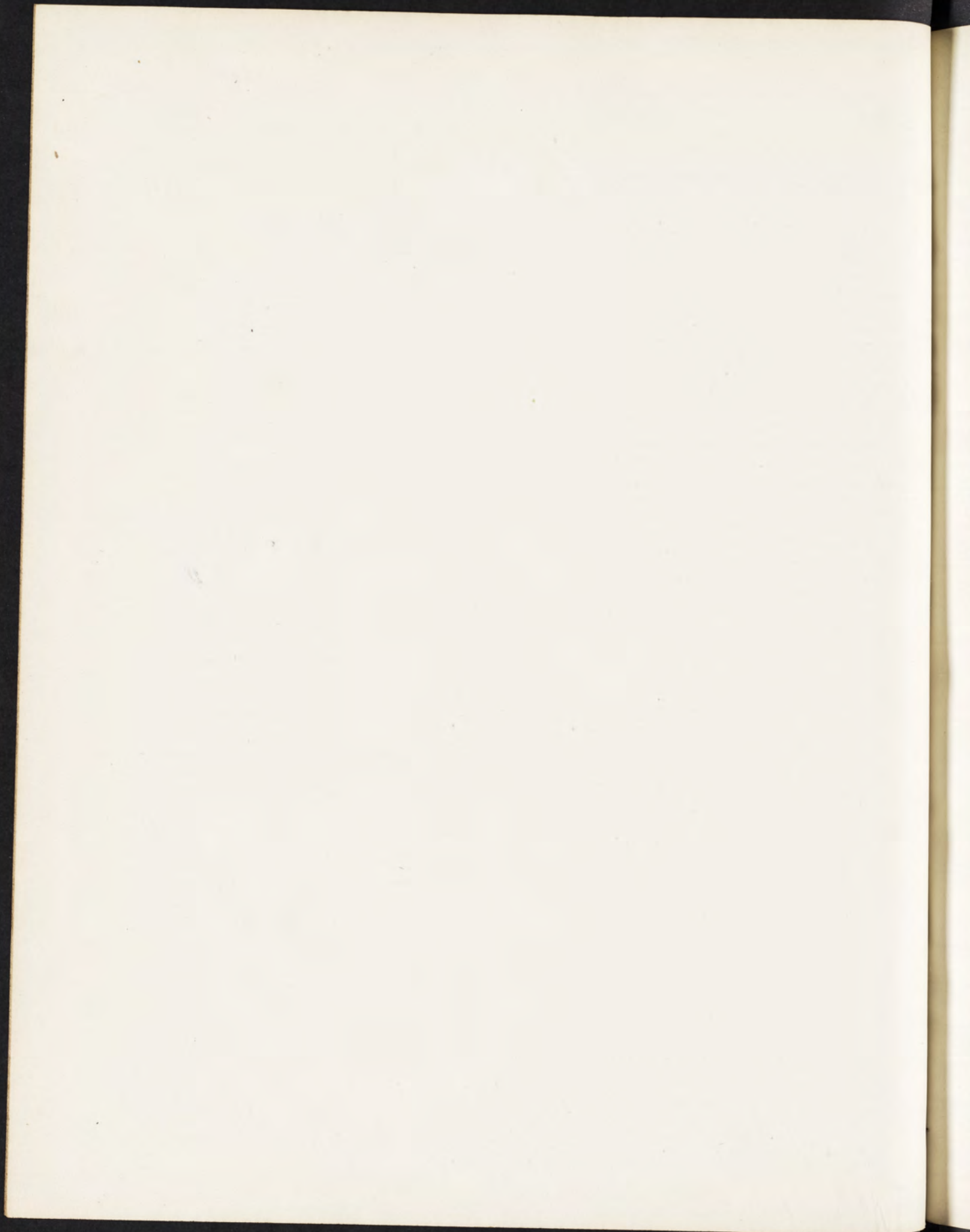


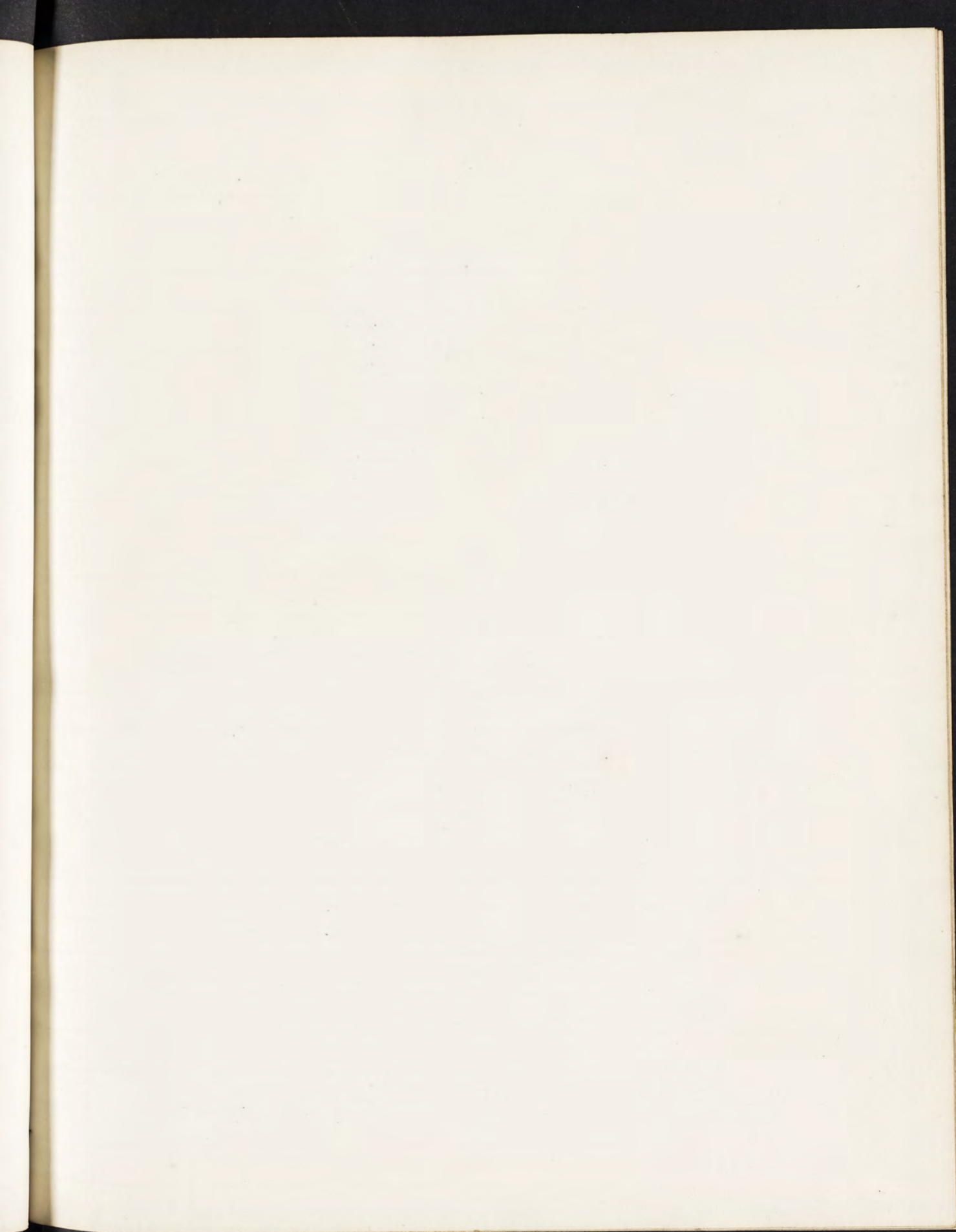


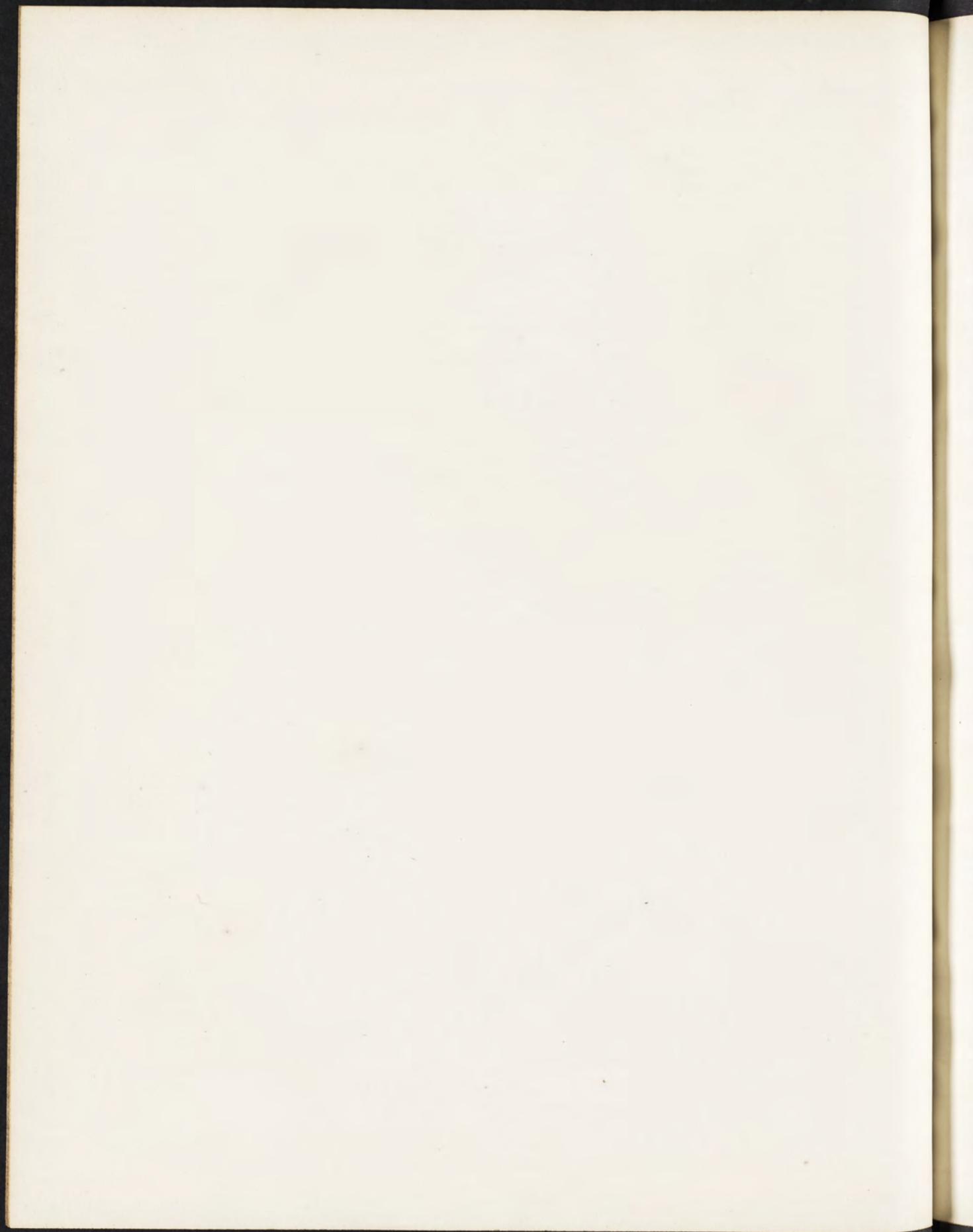


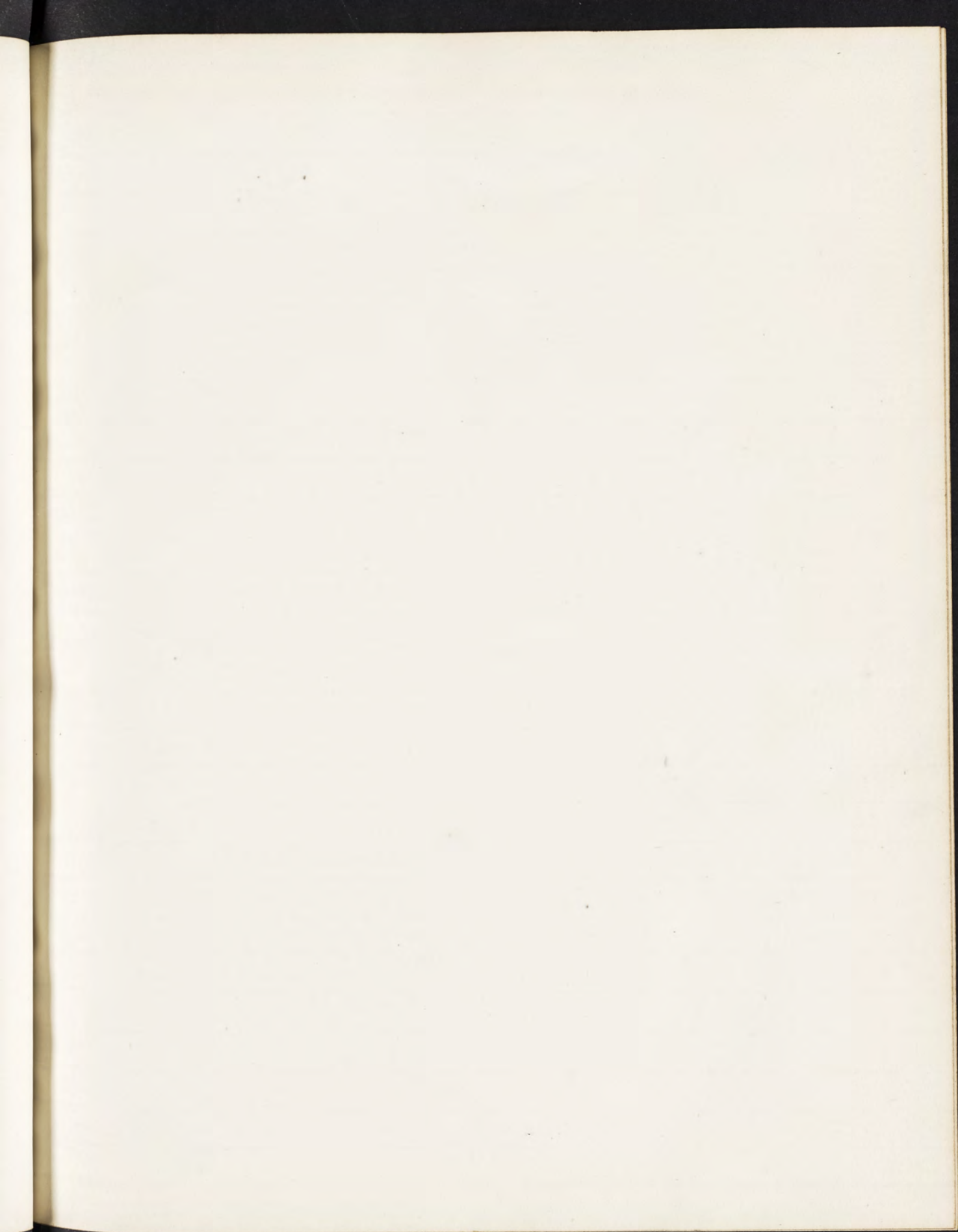


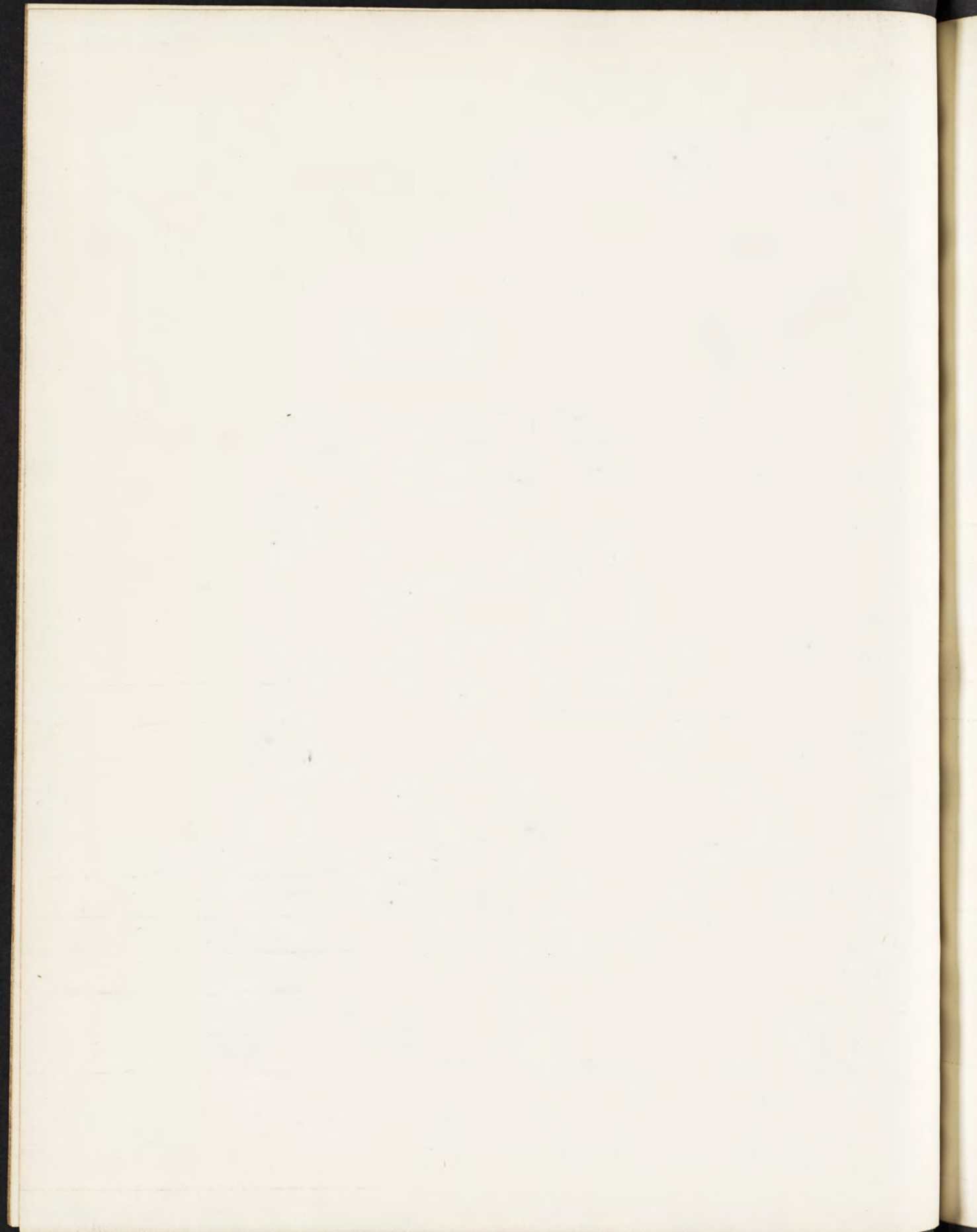


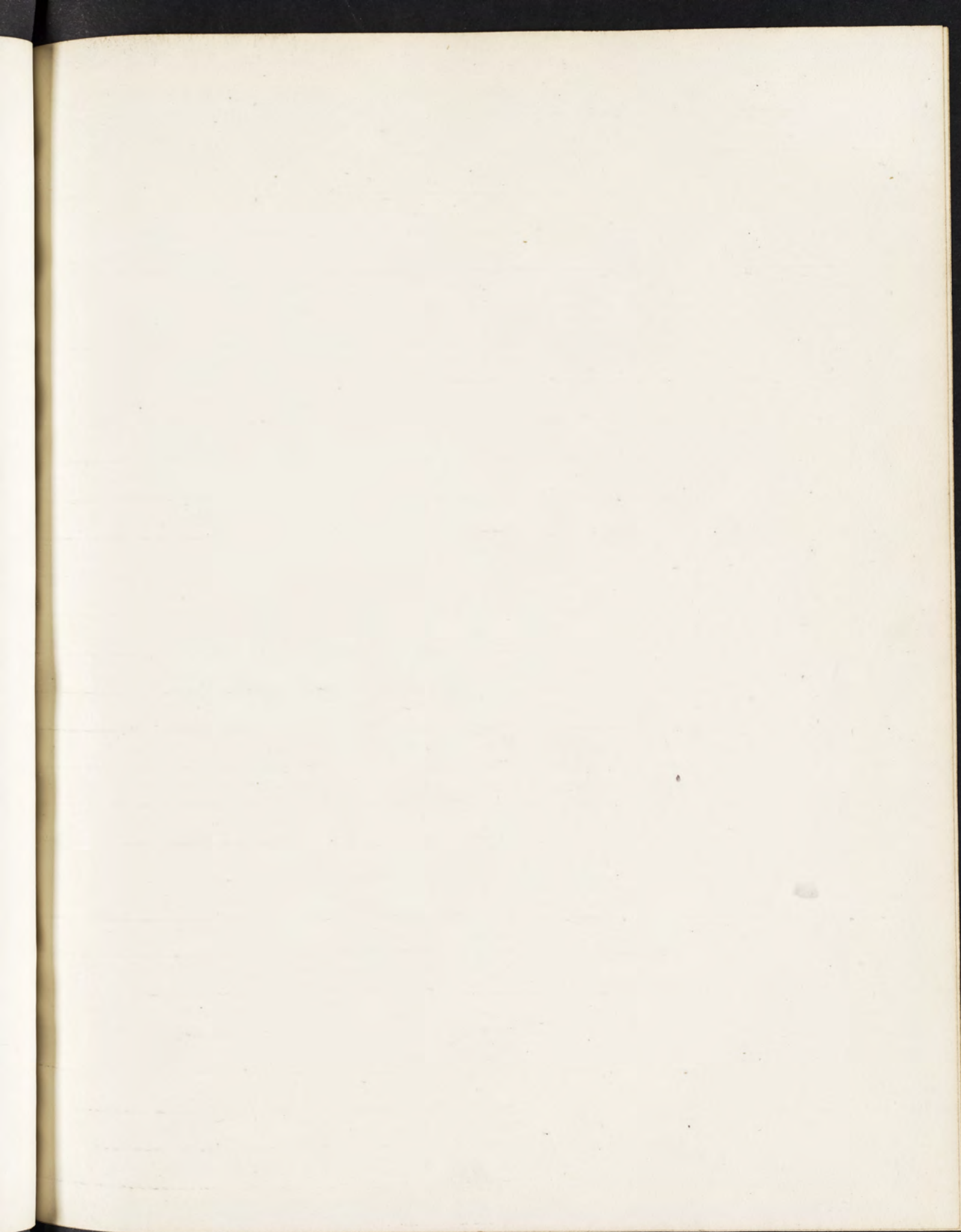






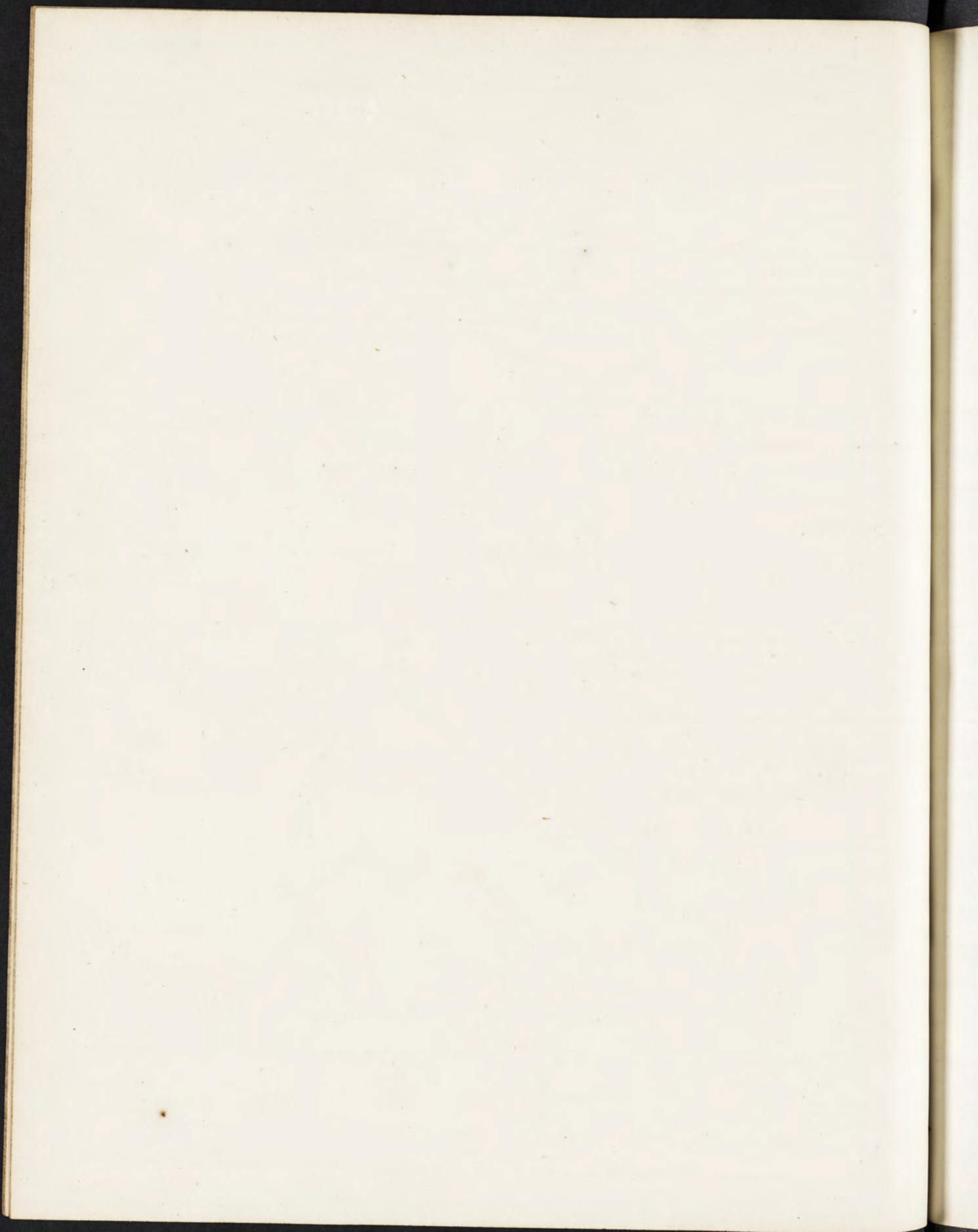


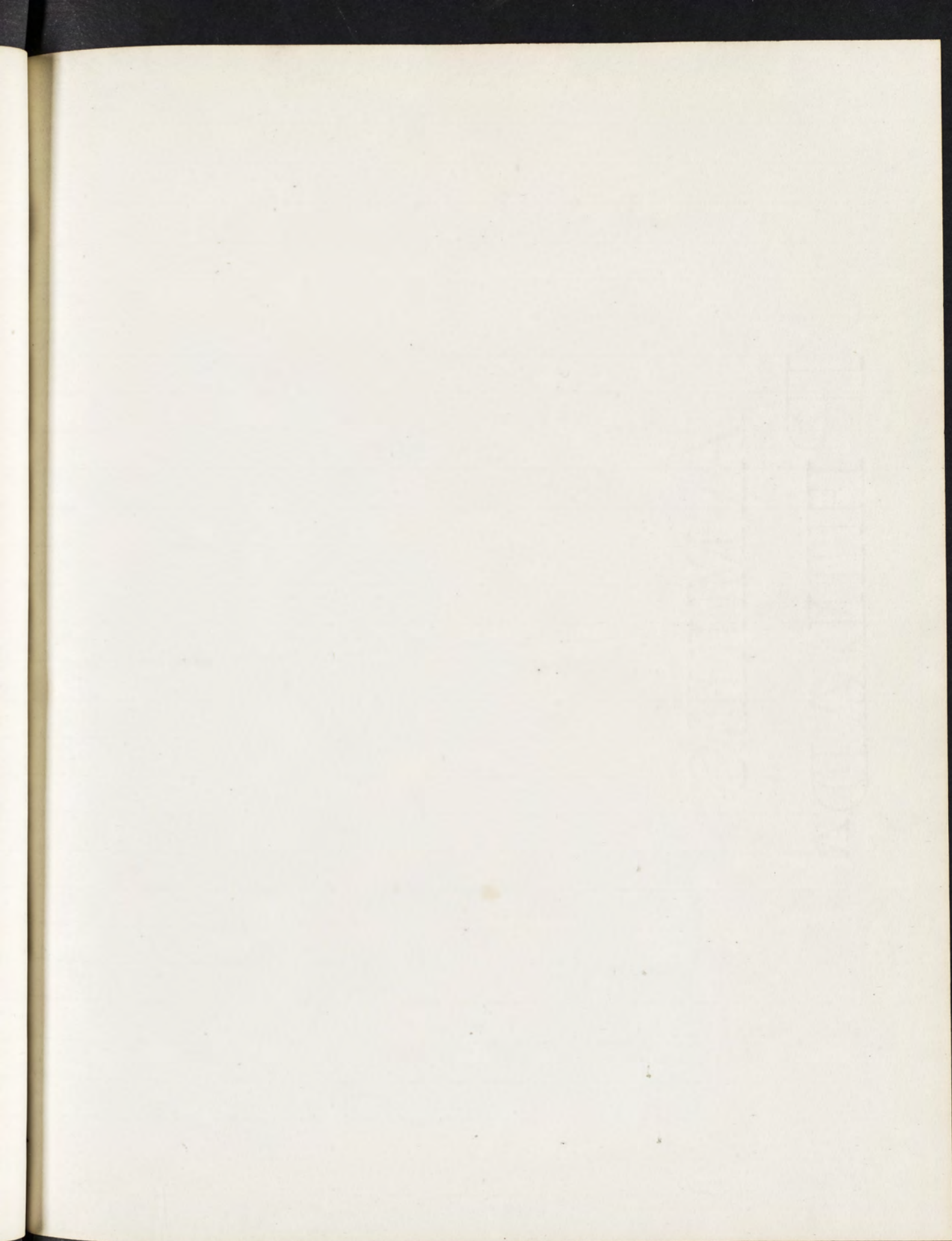


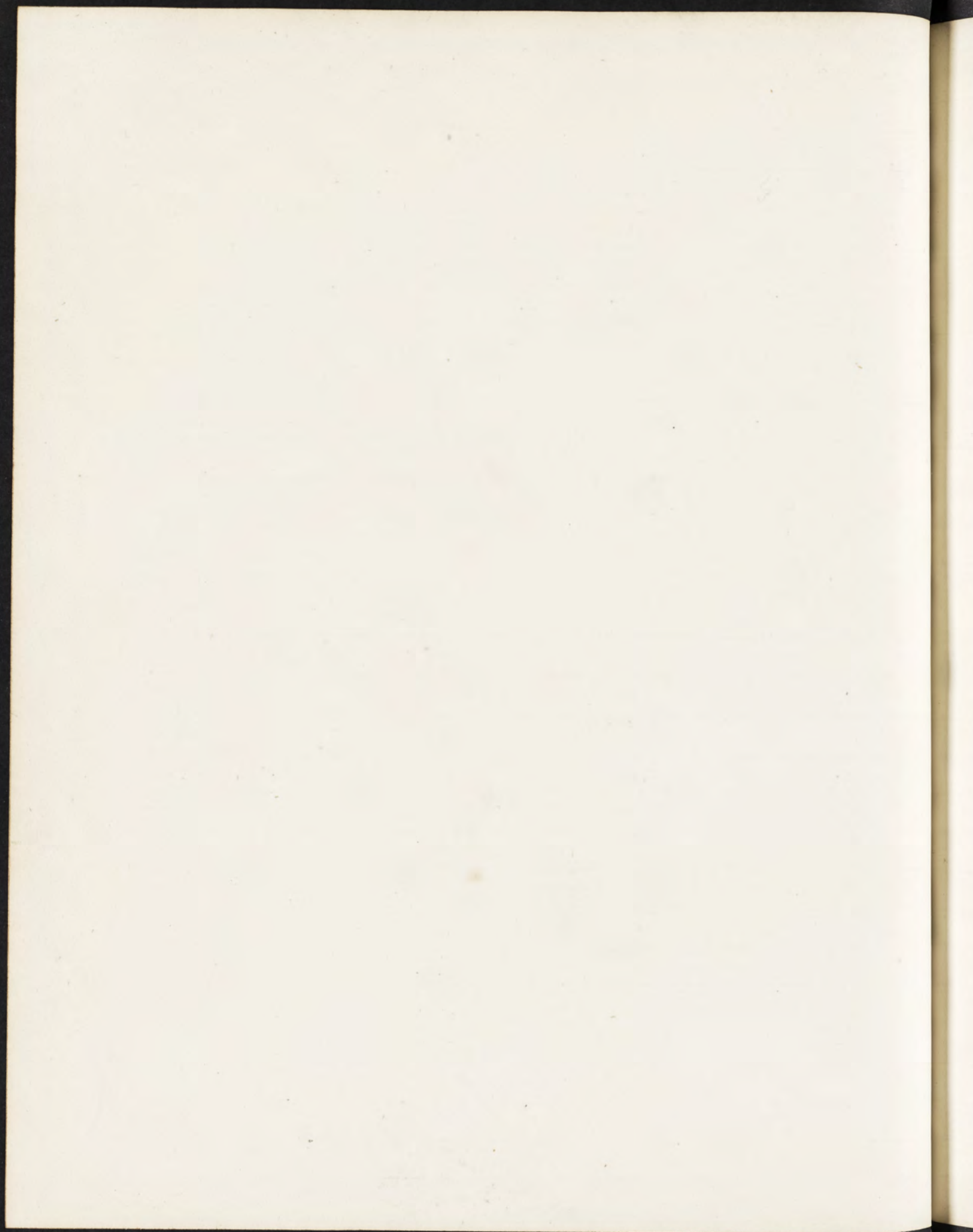




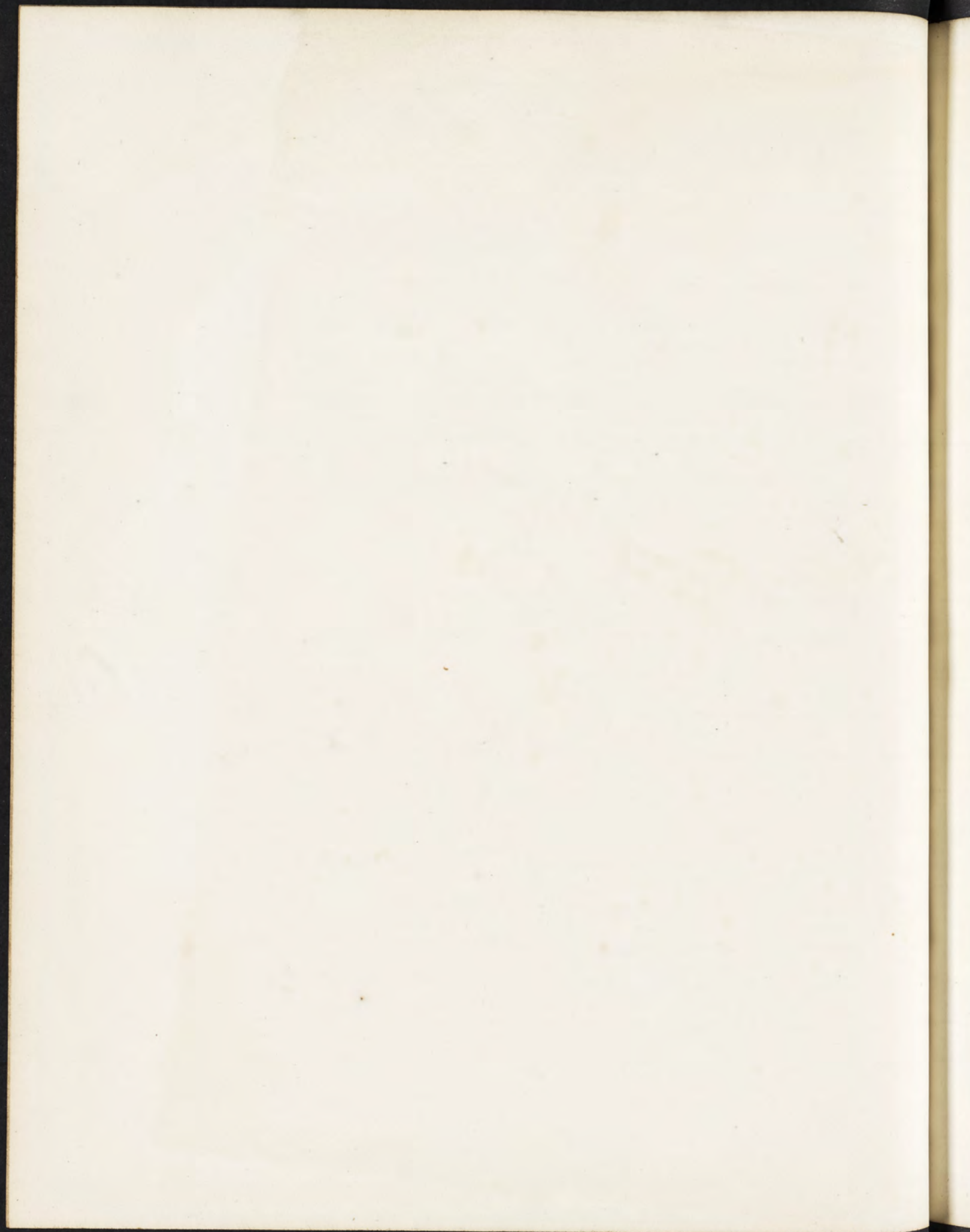


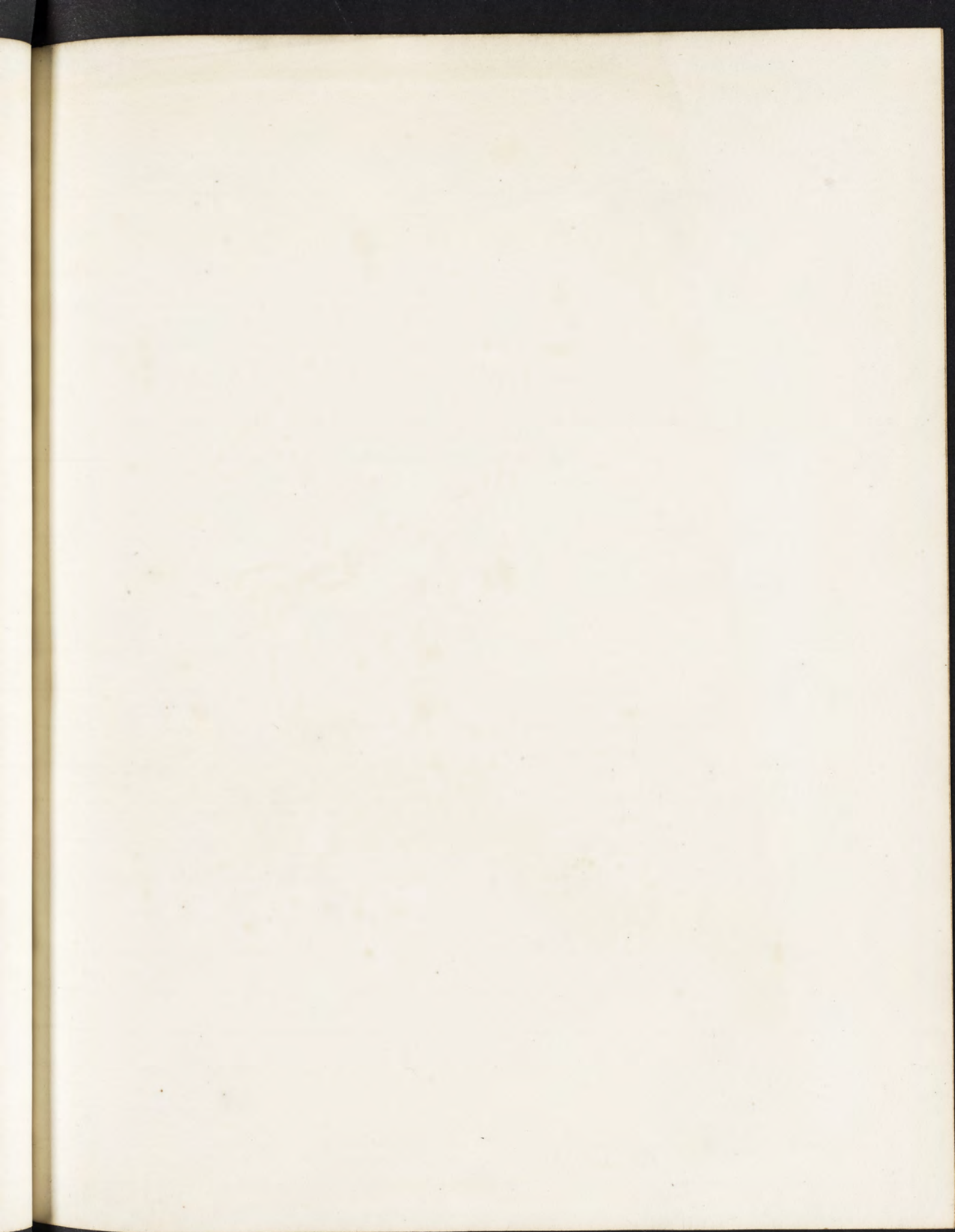




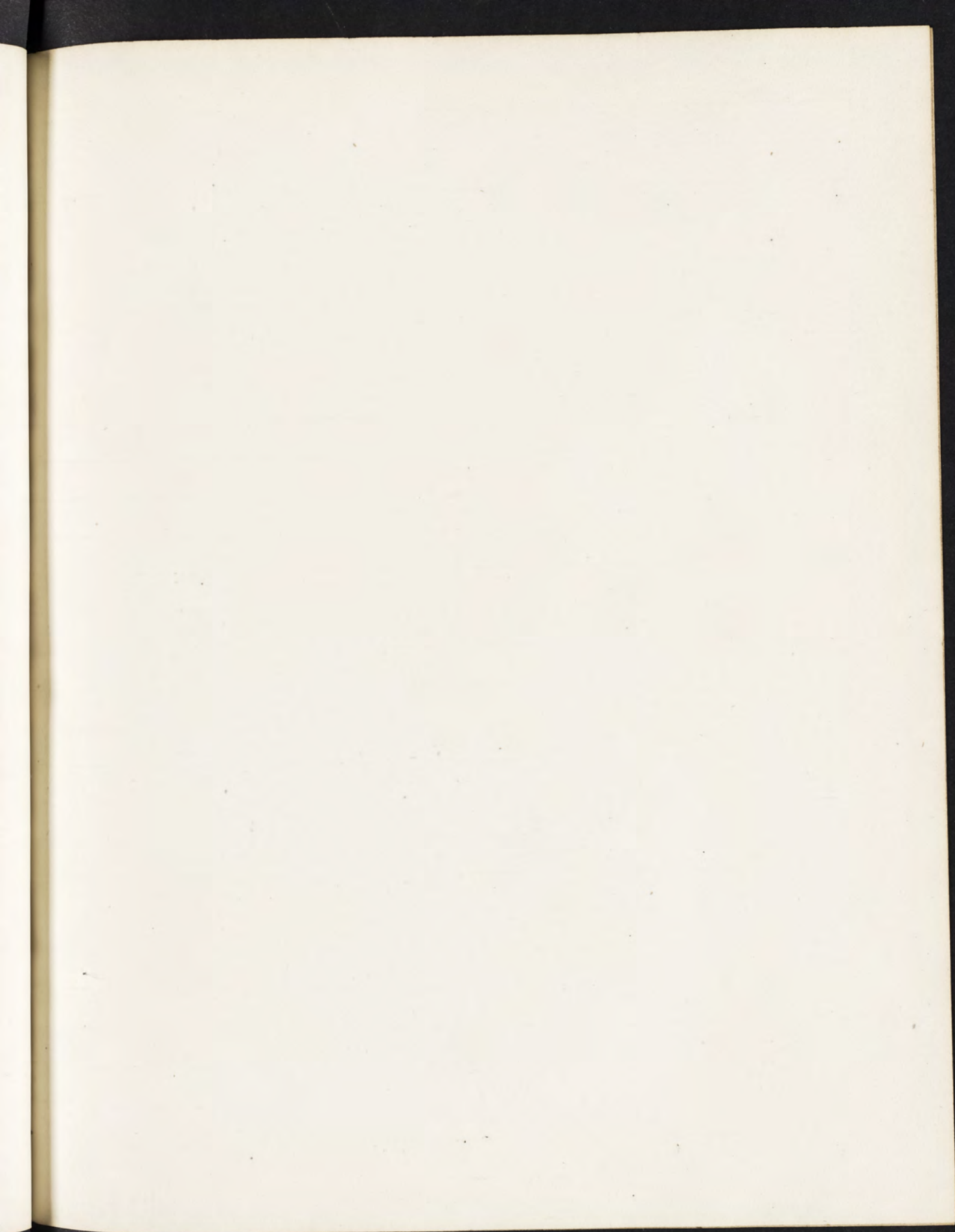


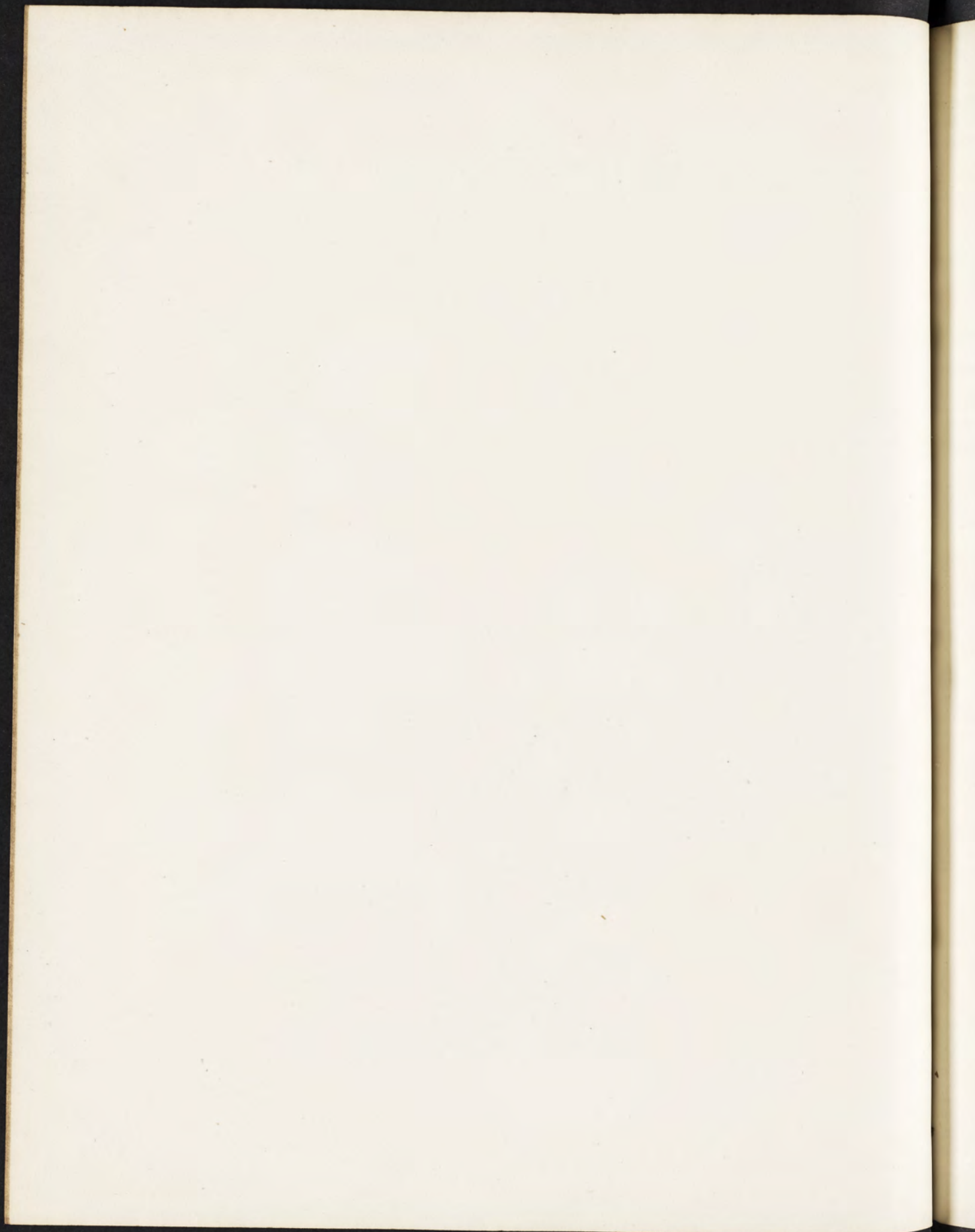






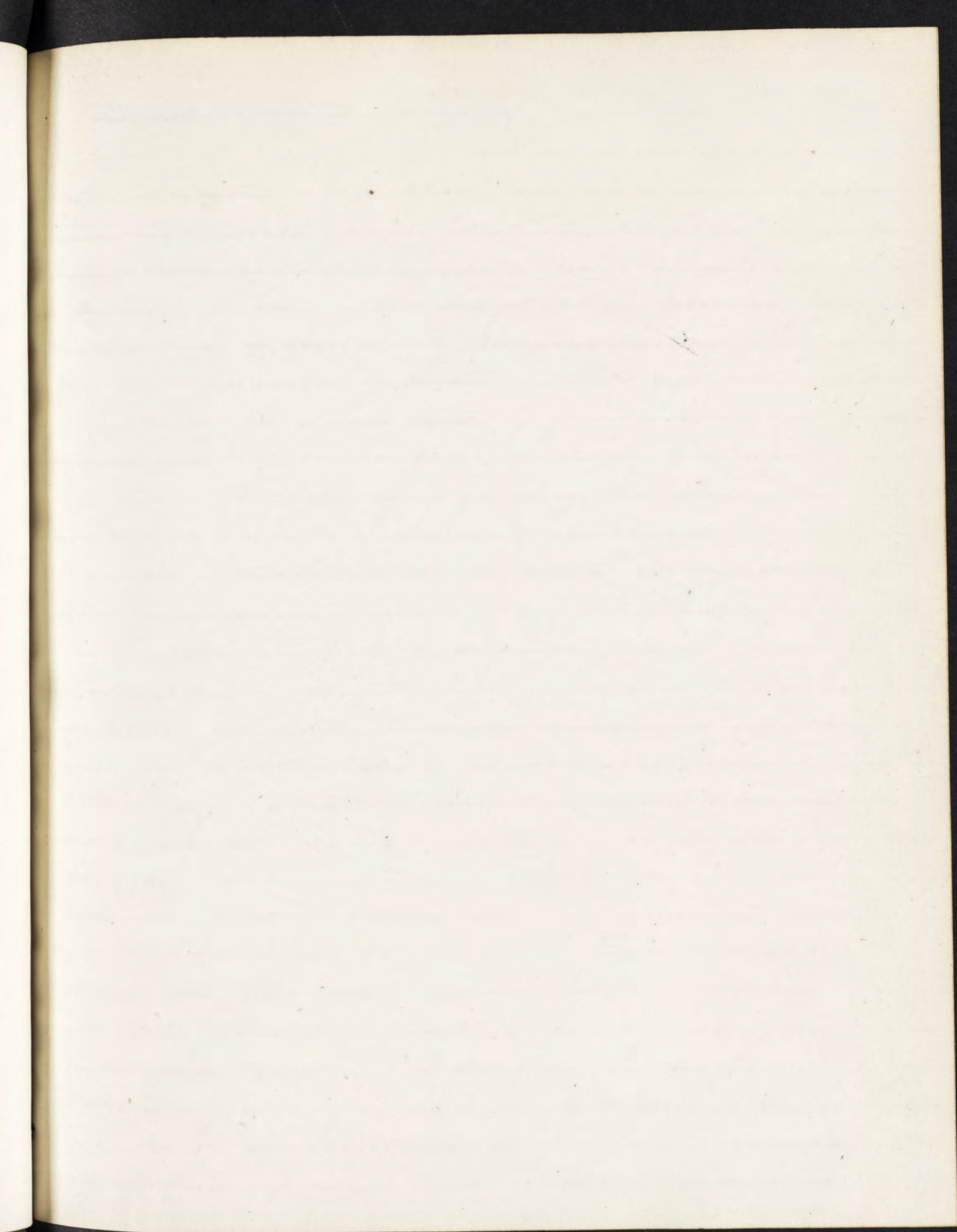












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Exaltate of Lima Cases -

Mr. Robinson aged 28 - of nervous bilious temperament
came late spare man, natural weight 150 - dark
hair & skin - came under my observation June 30th
1849. He described his symptoms as follows - Great
restlessness & irritability, nervous tremor, flushing of
the face, fullness of head with loss of vision alterna-
ting with or succeeded by prostration & faintness -
dizziness of limbs with sudden tottering & gait &
a transient feeling of falling. At times, ^{he is} almost
unable to control himself & an impulsive inclination
to rush from the room or house & get into the open
air, variability in his appetite with unaccount-
able feeling in pit of stomach, which is much
distended by flatulency, by the discharge of which
relief is afforded. Pain & weakness in the limbs &
pain or constriction of chest attended at times
with palpitation. These symptoms are not con-
sistent but recur partially or wholly several times
in the 24 hours - He states that after much an-
xiety & mental fatigue in his business he was
first attacked two months ago since which
time he has been going down hill & has lost
25 or 30 pounds of flesh. During previous life enjoy-
ed good health. - I found his tongue slightly
furred - pulse 75 - skin cool & moist, hands dispo-
sed to be constipated & the urine passed in
the morning deep red, with a superabundance

of flocculent deposit, acid blitmes paper -
It was found to contain a great quantity of
oxalate of lime, with suspended and minute so as
to interfere with the pipette when manipulating.
In connection with the urino-genital apparatus,
complaints of soreness after urinating in water,
+ states that seminal emissions are weekly with
him. Various treatment has been pursued by others,
ordered 5 drops of citric acid in infusion of
Serpentaria three times daily + to regulate bowels -
and quiet nervous system. Aspects also + that
Enjoined as much rest as possible, diet simple + bland.
July 4th Less nervousness + irritability, bowels open
once daily, tongue cleaner, more appetite but un-
satisfied by flatulence, urine passed in the
afternoon previously of a deep steam colour
loaded with ^{straw coloured} deposit of mucus + large + small
crystals of neutral triple phosphate, ^{acid blitmes paper} ^{oxalate in my infant's urine} ^{acid} ^{decided}
Continue treatment as before, and food
at shorter intervals. Exp. Benger's food.

July 7th Feels better, urine sherry wine color
passed in the morning, slightly turbid, having
an odour marked of serpentaria, not disturbed
by nitric acid except from slight opalescence
very acid blitman's paper, oscula of lime in large cysts -
less abundant, some epithelial scales, round &
irregular & of the nucleated form. Upon standing -
less decided deposit from the diminution also
of the mucus.

July 9- Patient states he feels better, but very weak
urine of this morning - deep sherry coloured - a little
cloudy - exhibits on standing a few scales of lime
crystals of medium size - not cleared by heat, but
the cloudiness dissipated by strong acetic acid which
precipitates the mucus in shreds. When the pi-
pette is taken from the bottle in which contained
a glairy adherent filament of mucus follows the
point.

The patient took a sea voyage to Boston and
was much better, when on landing he was
attacked with some derangement of his sto-
mach with fever & hurried home in apprehension.
for this he was placed upon mild purgatives
and anaphrodisiacs under which he recovered.

July 30th free from mucus, tongue clean, skin
good, pulse natural 76-80. Complains simply of
debility, urine passed at 8 a.m. & 3 p.m. - Clear
of a deep sherry colour. At 12 p.m. on standing -
had left pale a light flocculent deposit.
From urinous, sp. gr. 1.007, temperature 81° Acid to litmus
The microscope exhibits no exalts of lime but epithelial
scales & blood globules, which originate from a slight
retrograde hemorrhage following an injection at the urethra
done without advice for some mucous discharge.

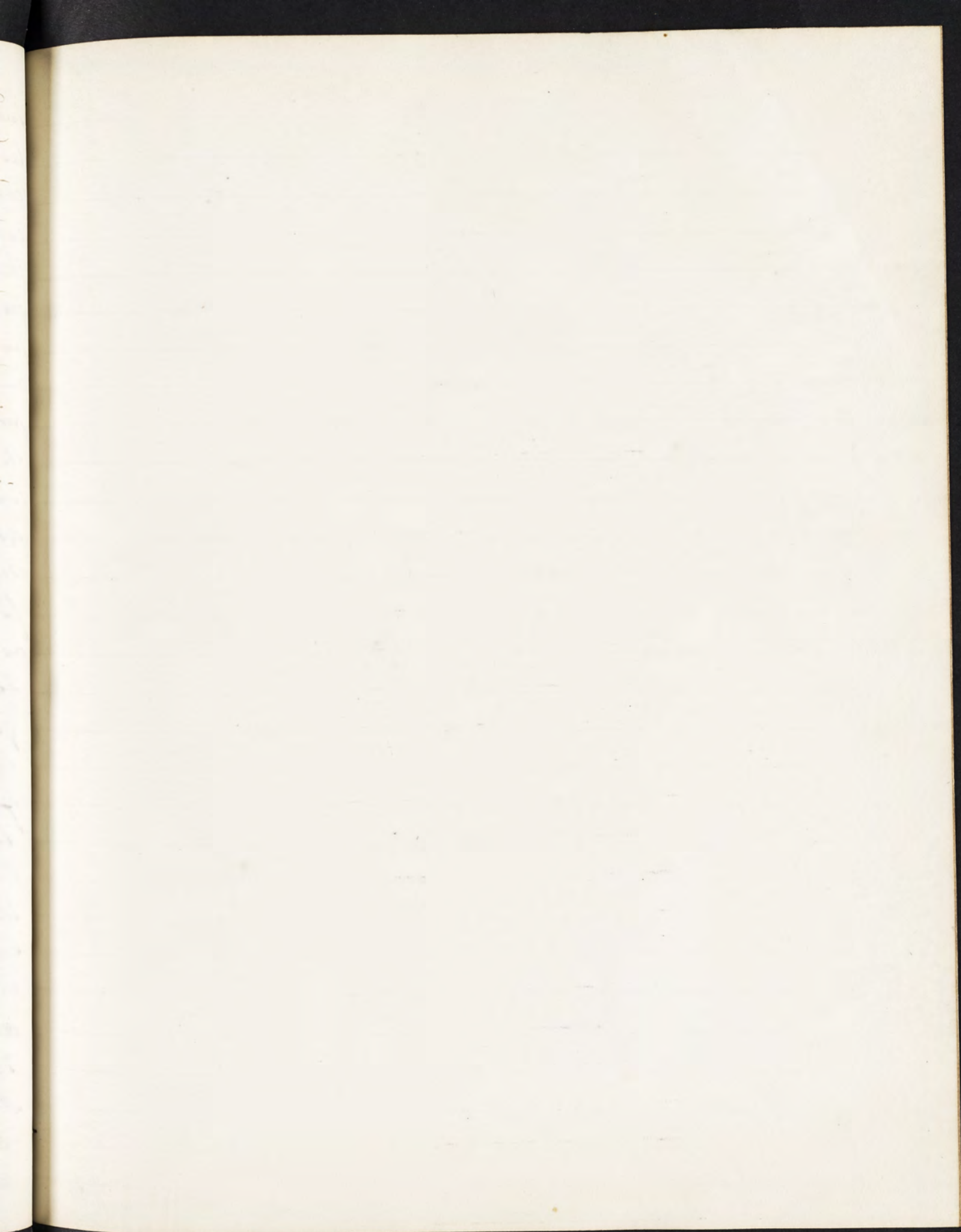
The patient went to the sea shore

August 29th Returned home yesterday. Symptoms much
ameliorated while away, appetite excellent, thoughts
better for sometimes, but had an attack of diarrhoea

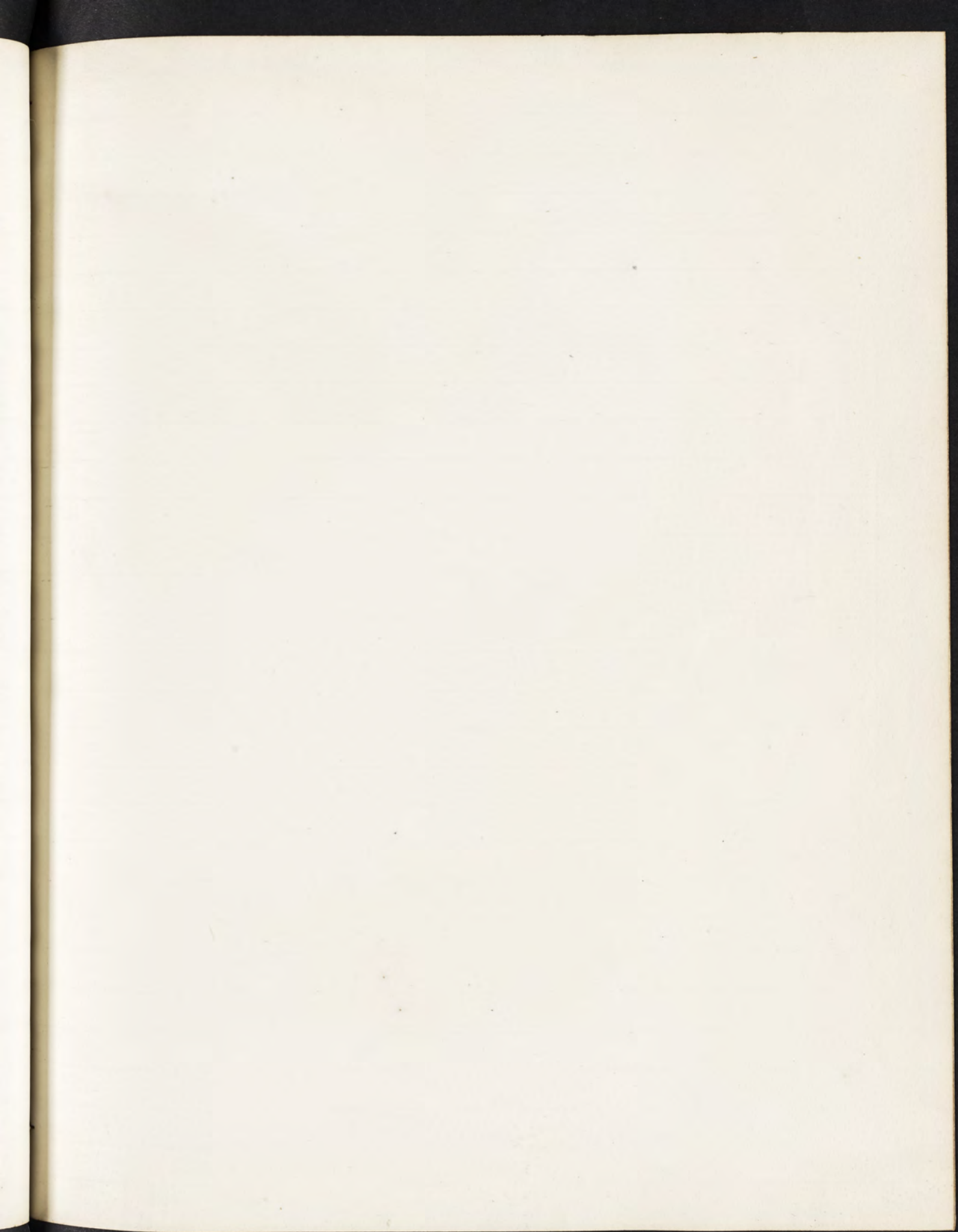
Which again reduced him. He now complains of some nervous distress & feeling of numbness in his hands, a little dizziness & tendency to titub in his gait. Tongue clean, bowels regular - pulse natural & skin good. He had one nocturnal discharge ^{since} last seen. He ~~from~~ ^{the} whole he has gained flesh & is better than when he left.

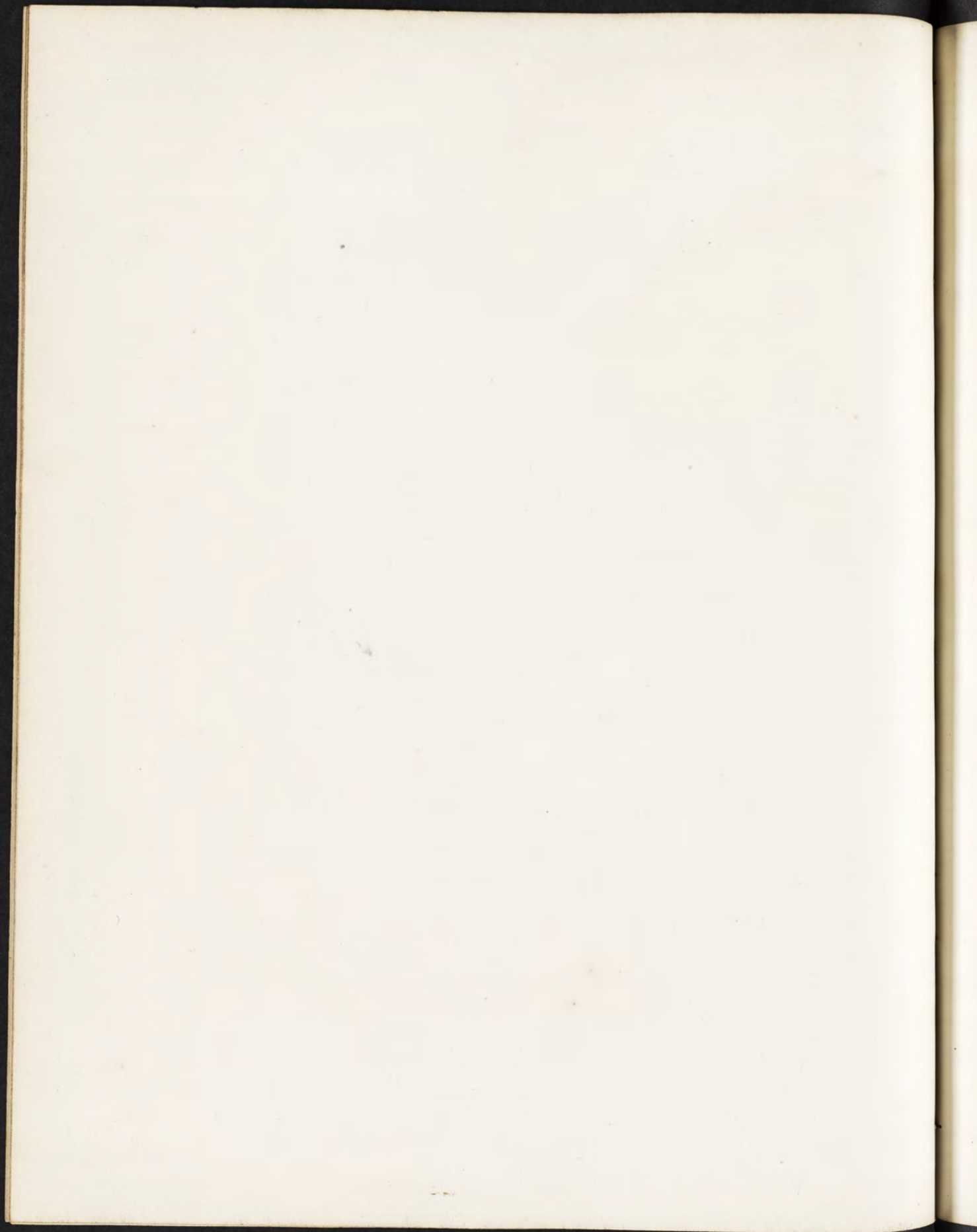
passed in the morning - B. -
urine - clear under colored, on standing light clouds
presented - acid - Sp gr 1030. Temp 80. - Examined by
the microscope exhibited some epithelial scales - a few
globules of pusulent ^{character} ~~matter~~ & several very minute crystals
of neutral phosphate, bearing strong resemblance.
A treatment adopted was of ferruginous tonic
& good diet. The iron did not suit the case
& infusion of bark was substituted.

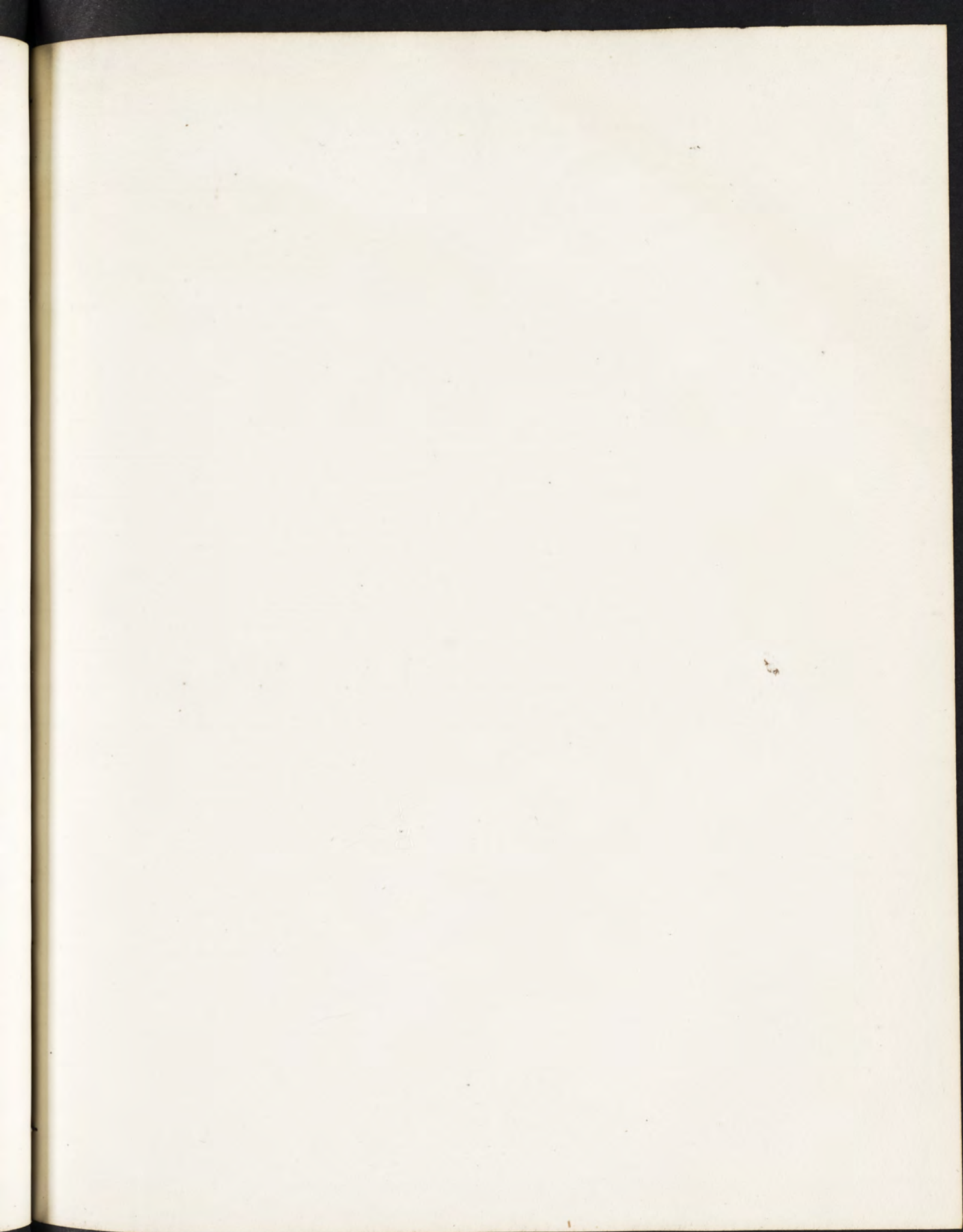
Sept 14 - A specimen of urine voided in the
morning was B. - of a deep amber color but
cloudy. On standing a cloud, precipitated, Sp gr
1030. Temp - 80. Acid & bitinous. Odor aromatic.
The deposit consisted of fine globules & masses of sper-
matzoa, epithelial scales & a few minute crystals of ox-
alate. -



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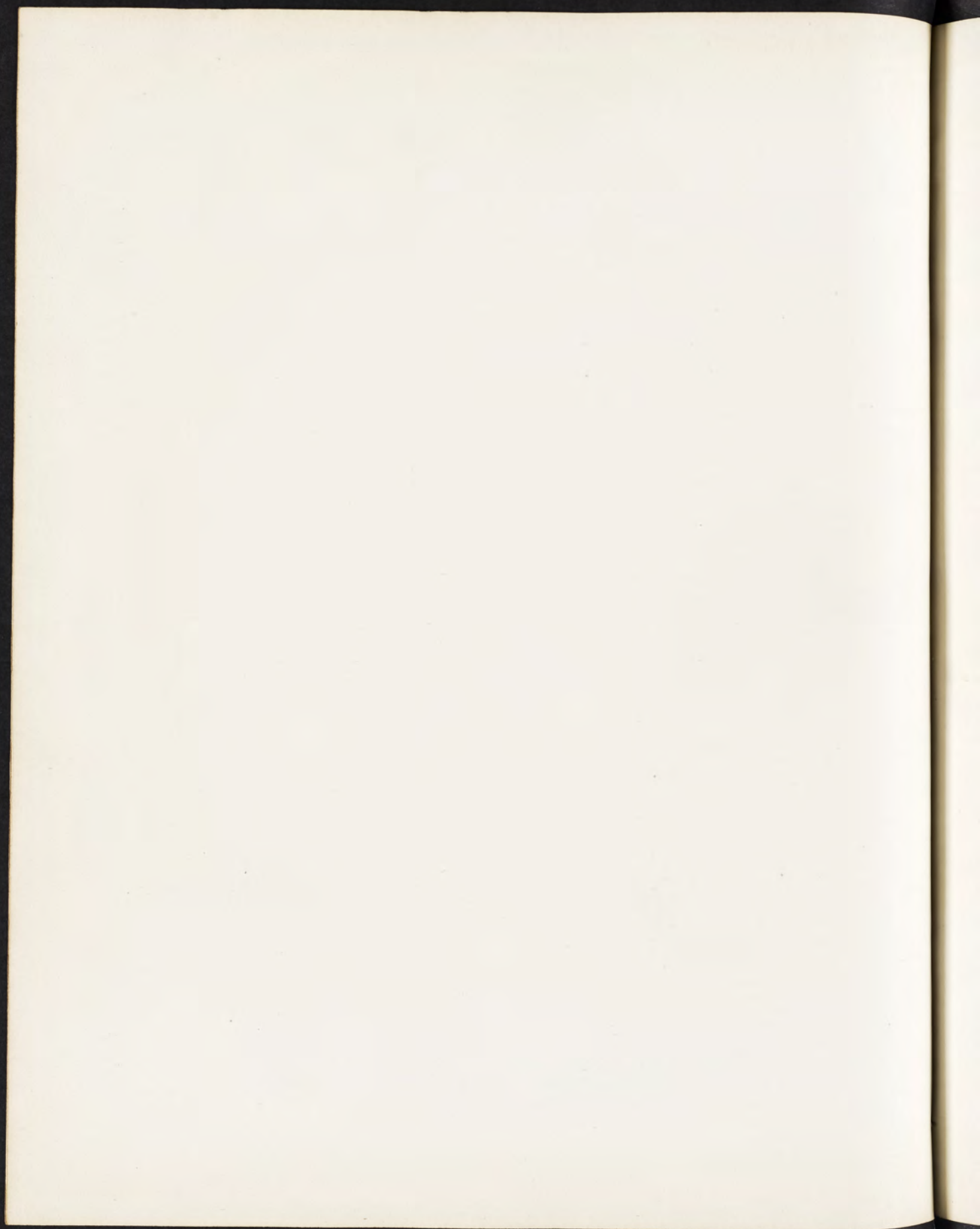


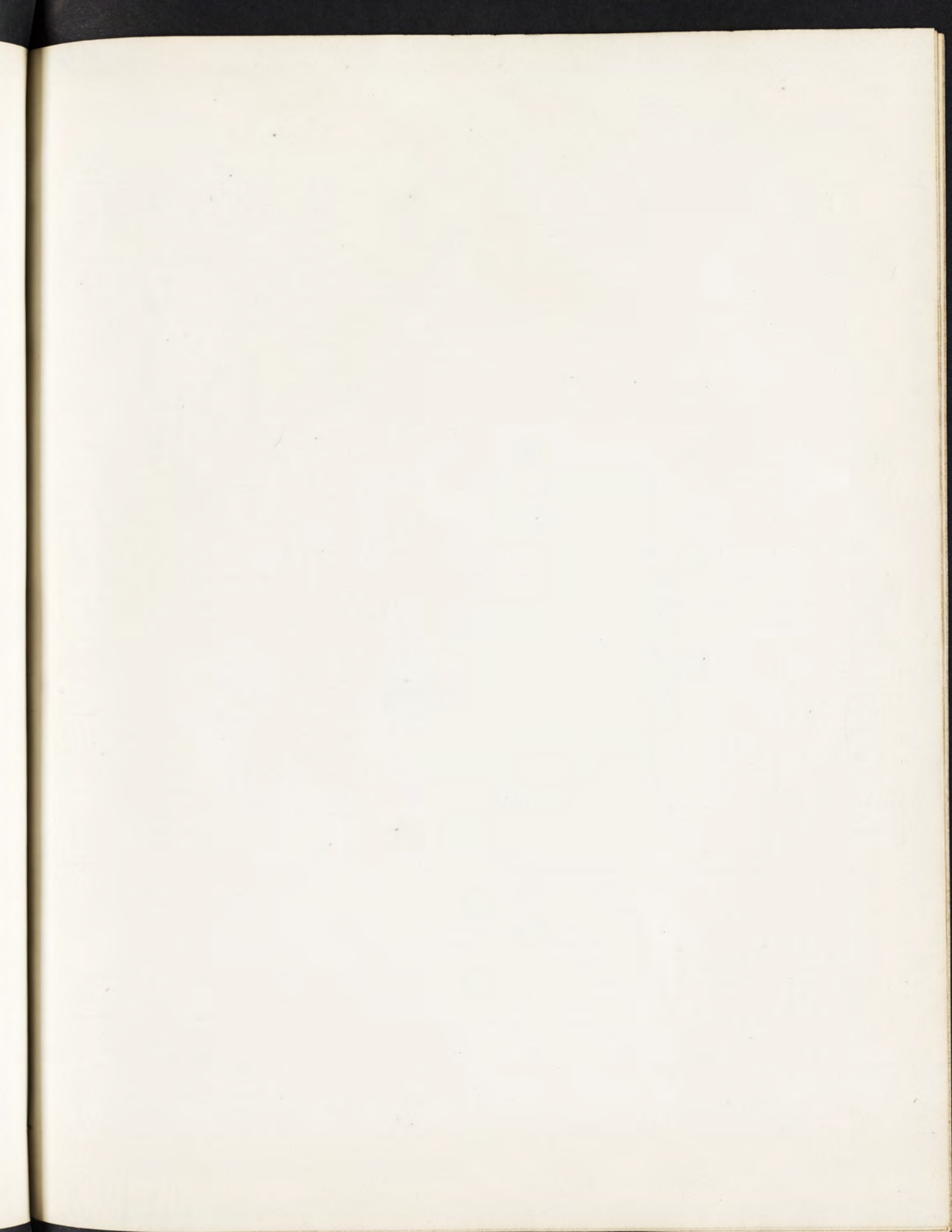


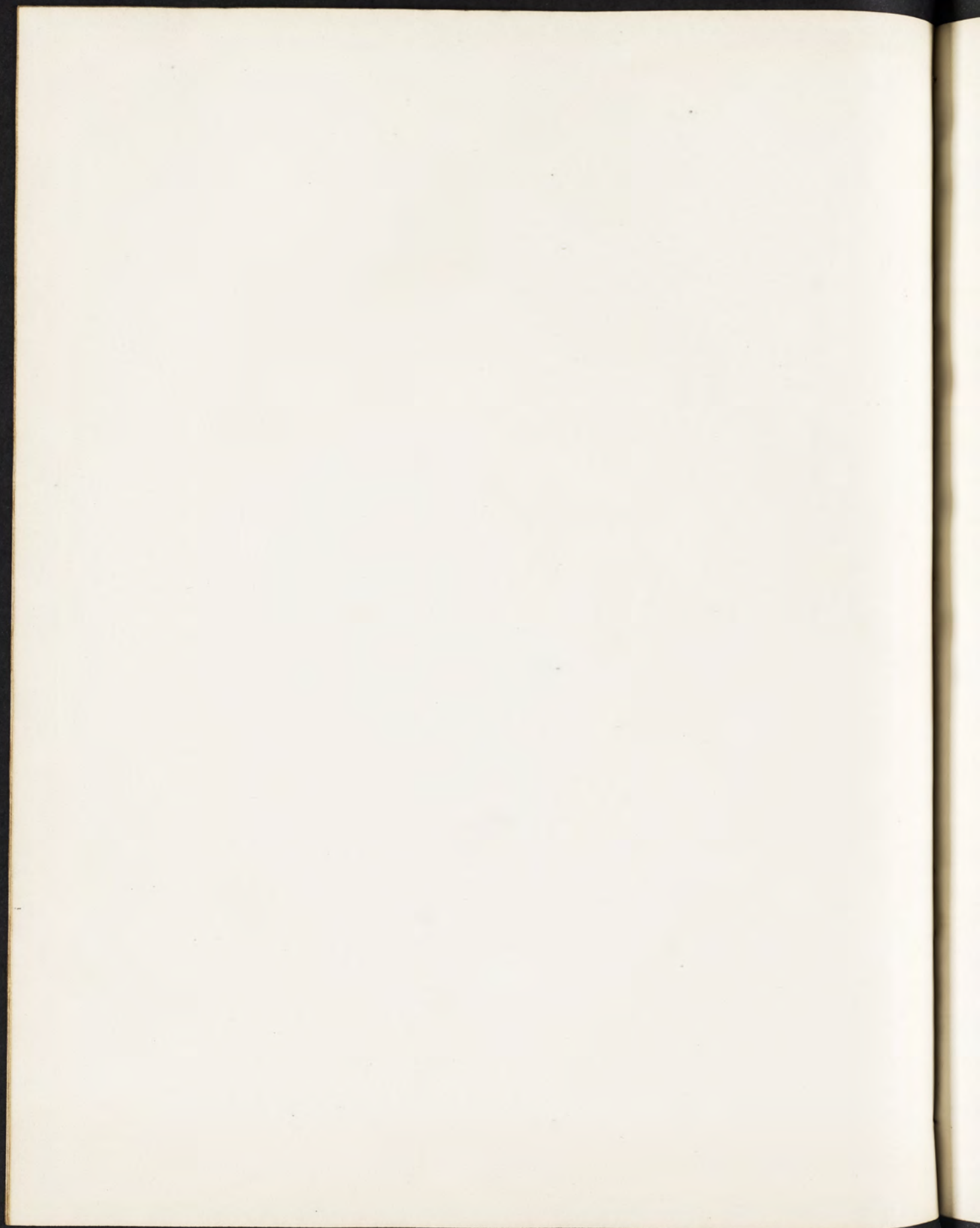


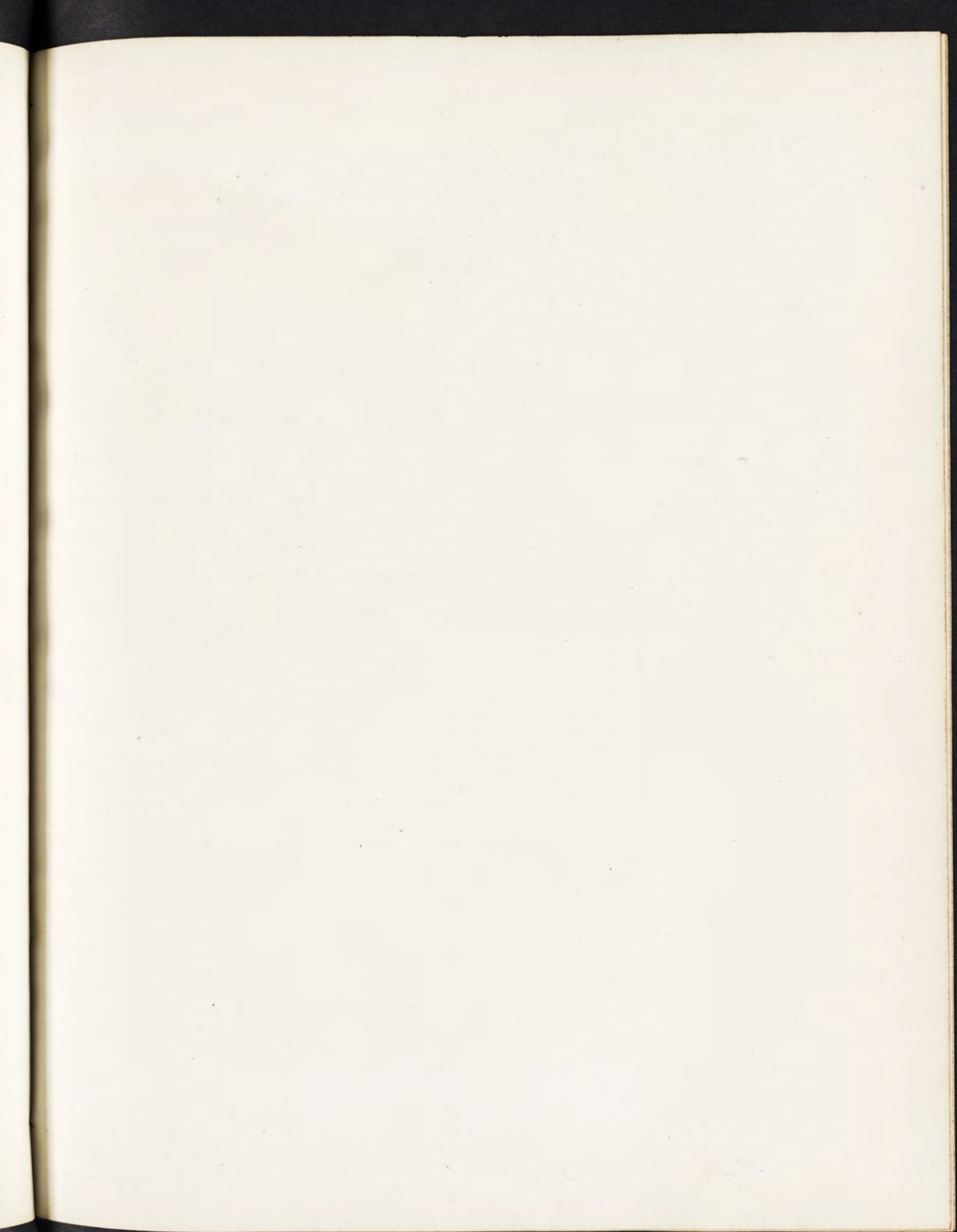


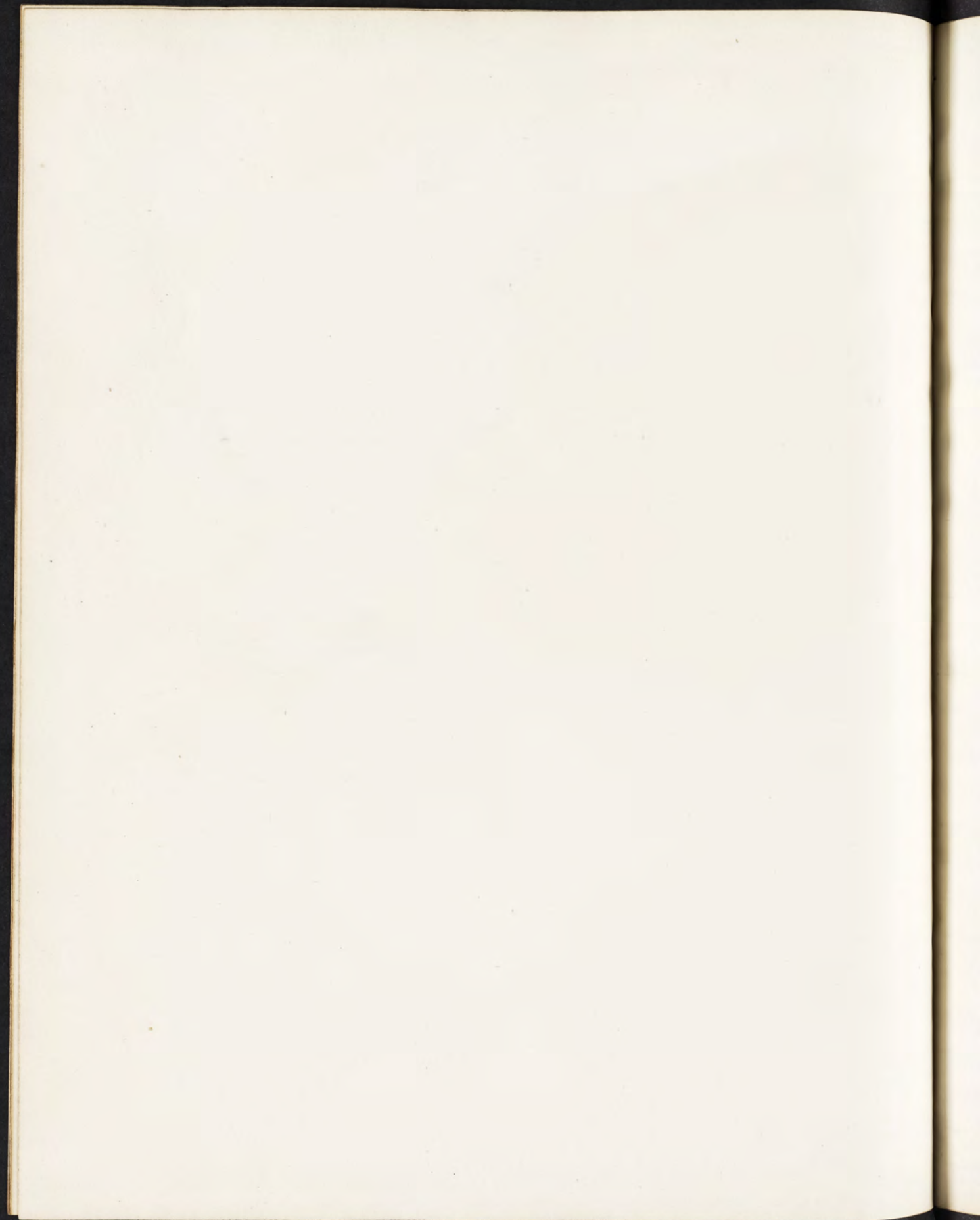




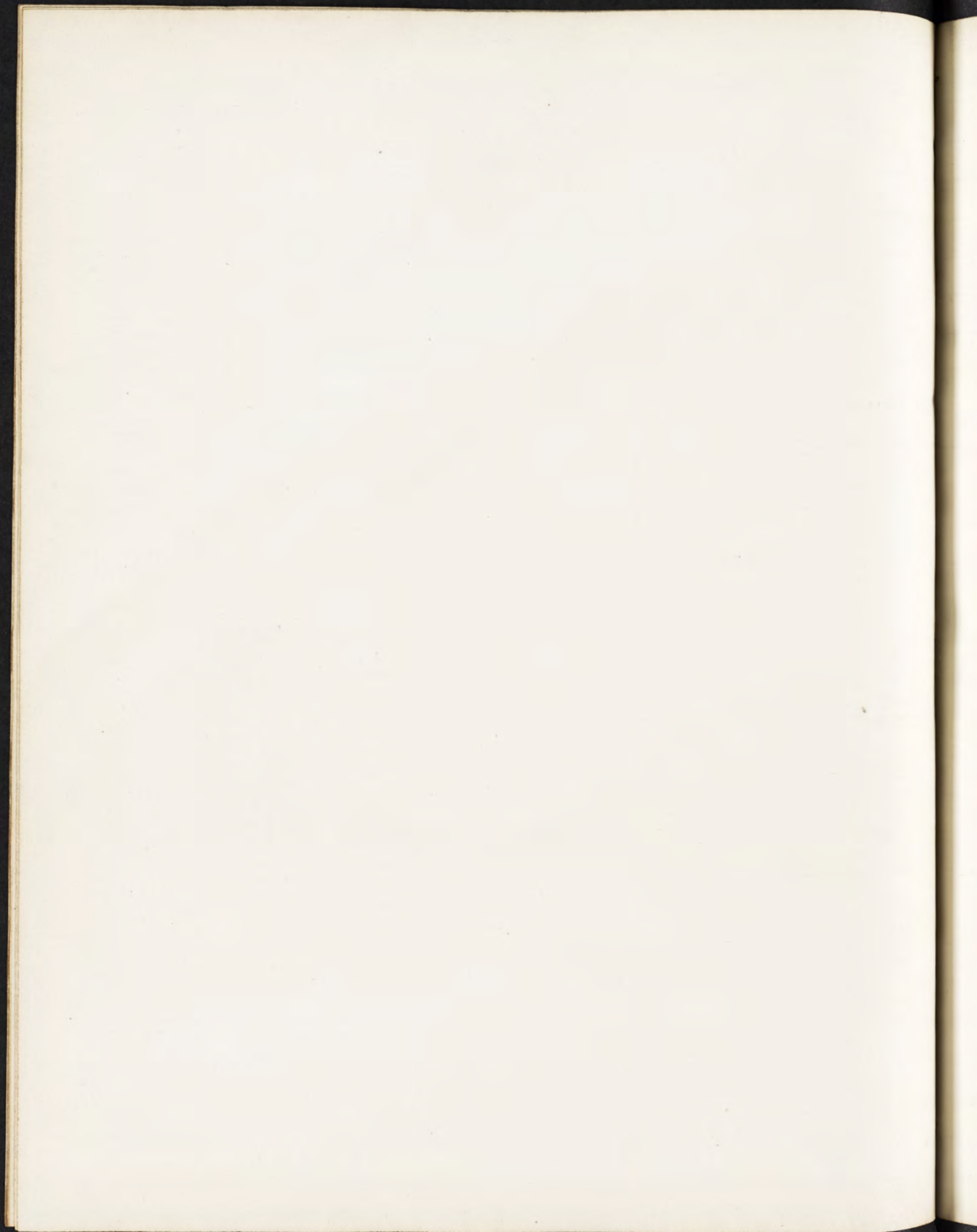


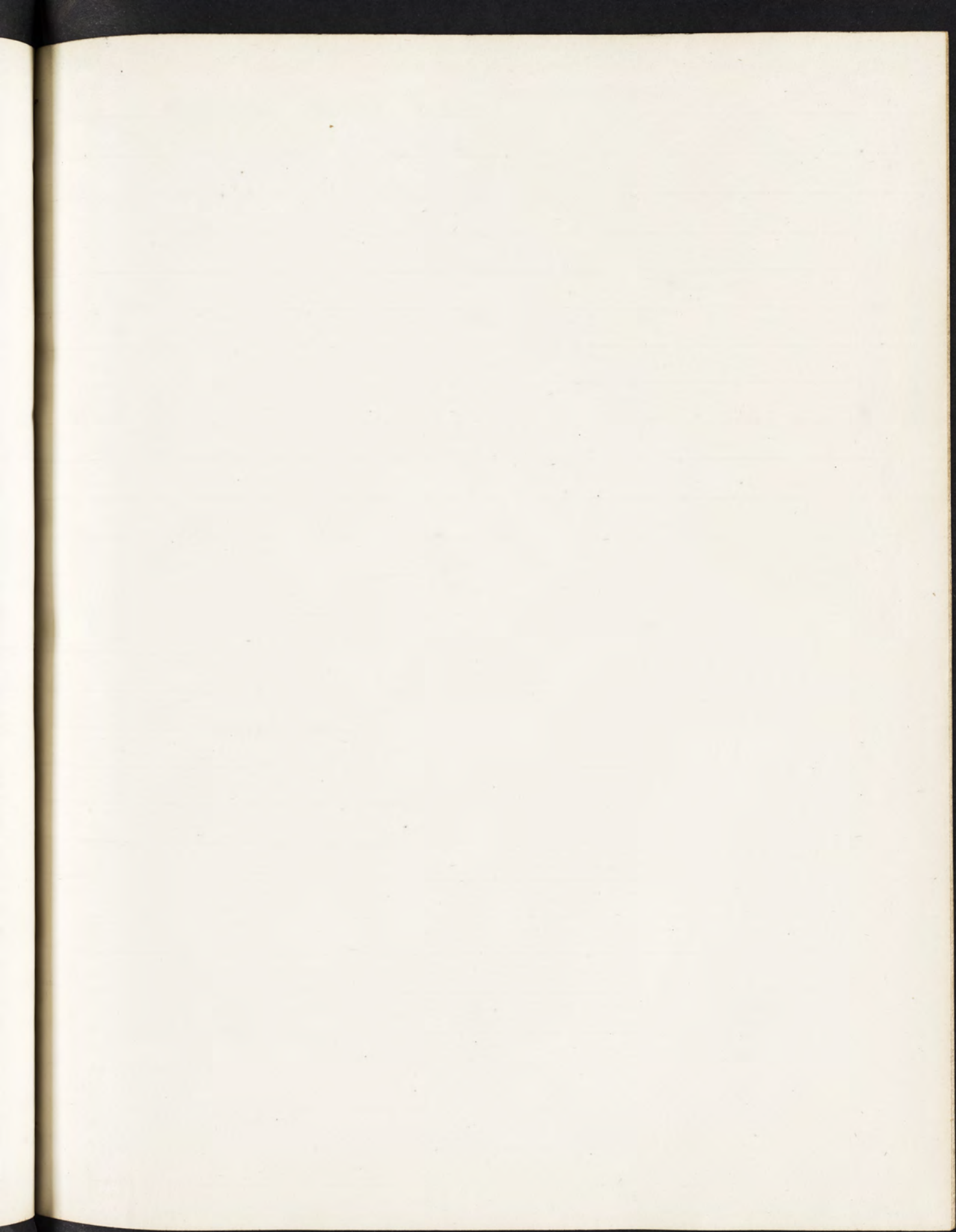


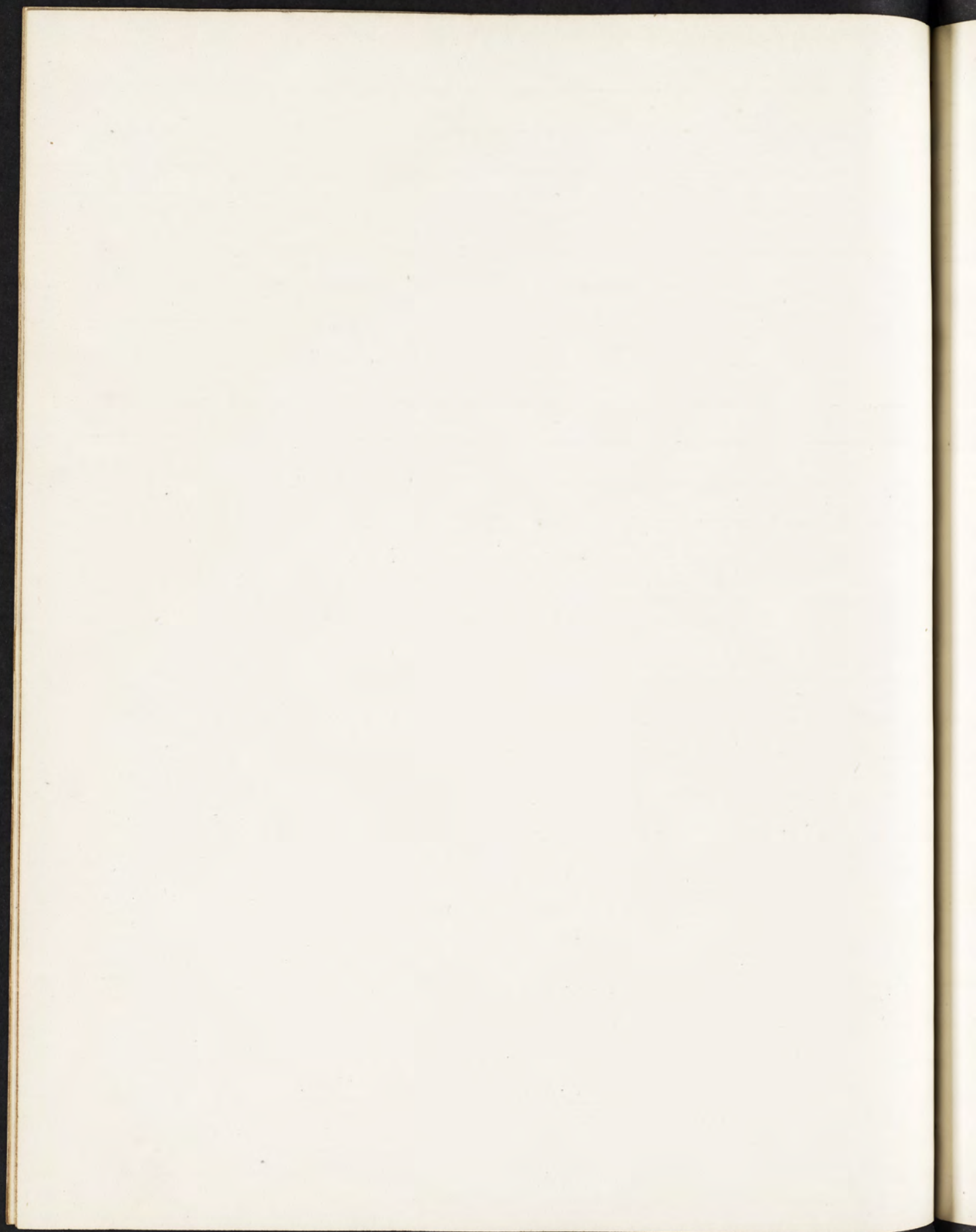


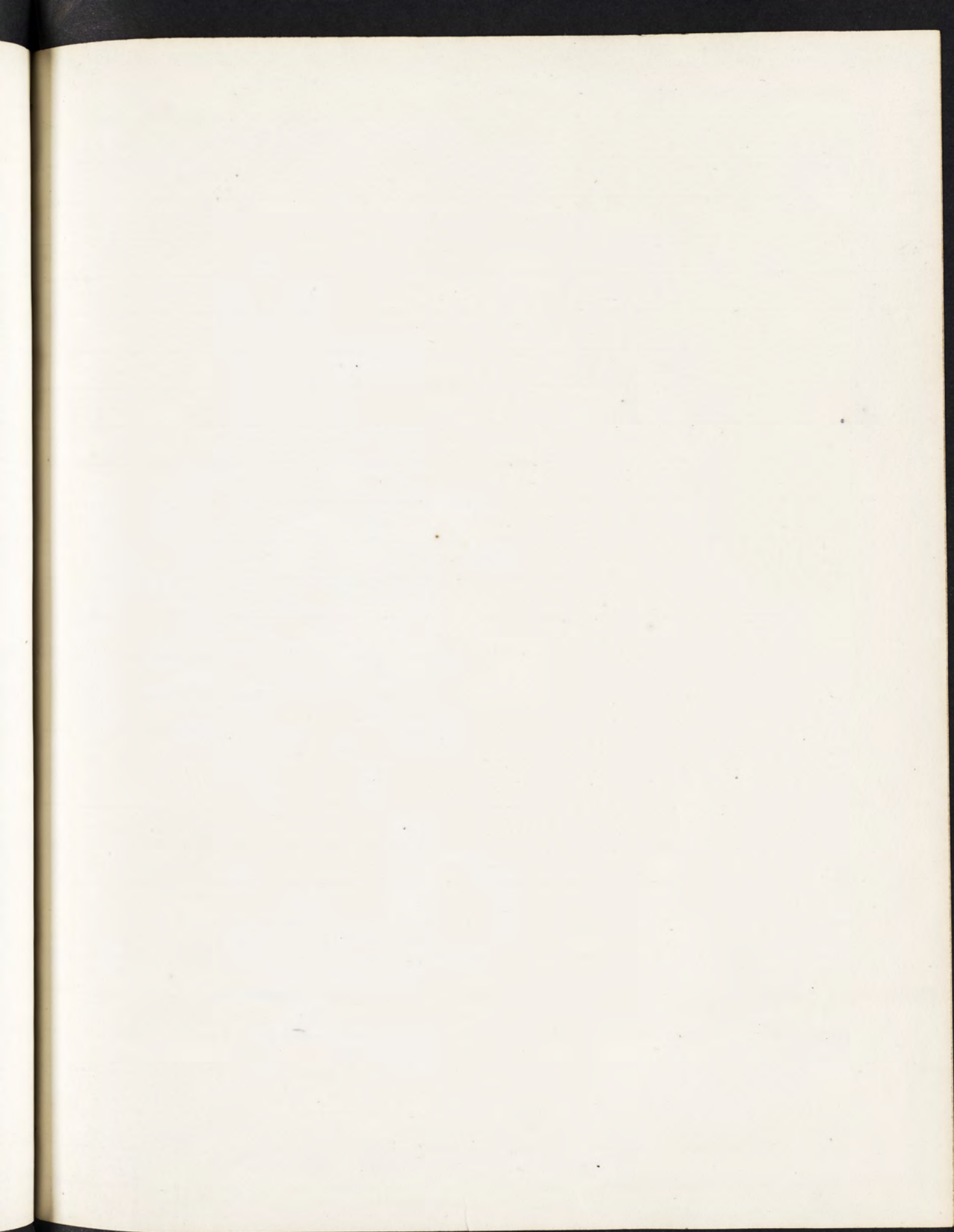


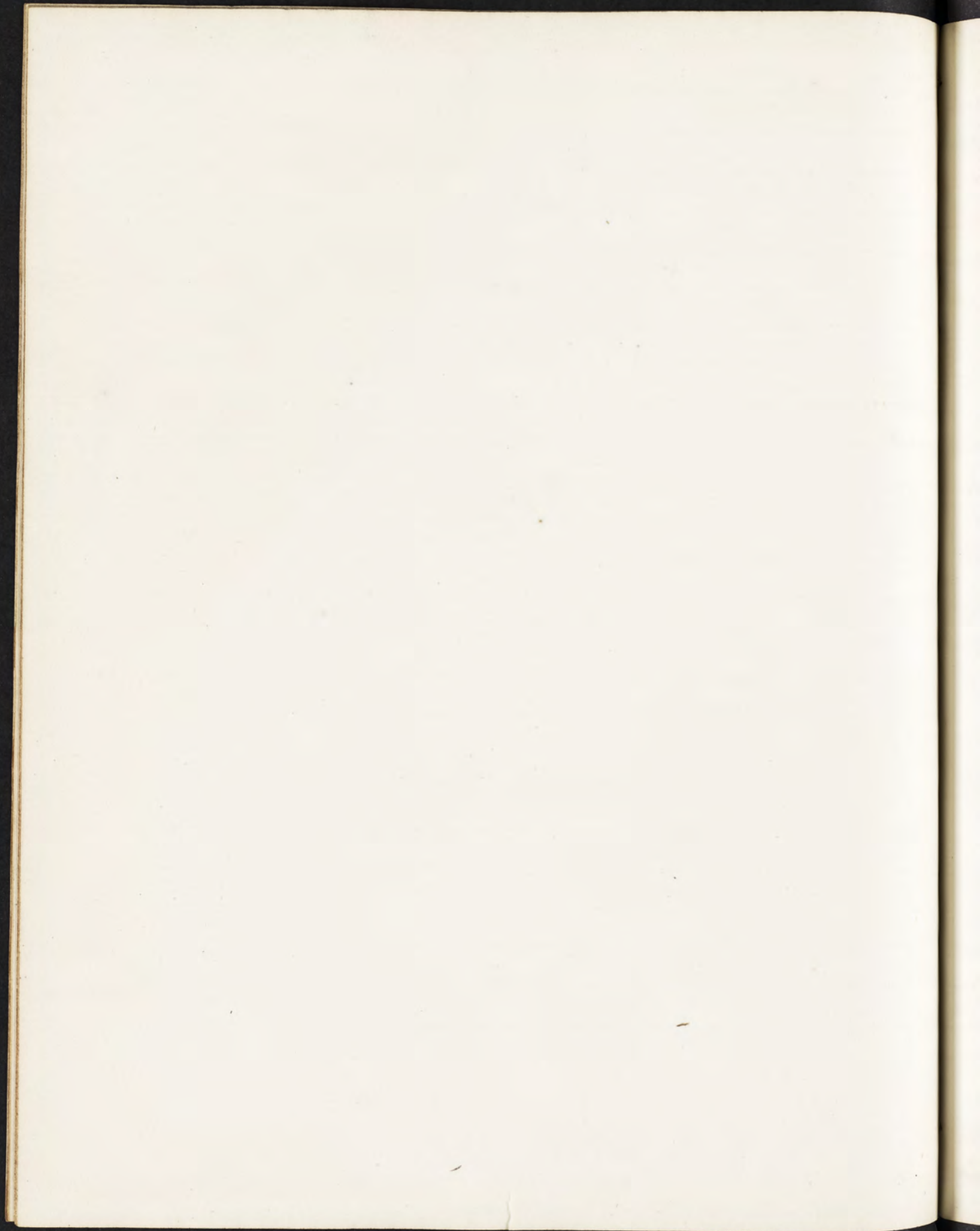












crystalline oxalate of lime was obtained. As a
morphous matter not soluble in mineral acids -
except oxalic acid (organic matter).

Absorption of Articular Cartilages.

M^{rs} Morris - aged - patient of Dr Jackson & Kelton -

July 19th 1849 - Received 8 oz of Urine, of a straw colour turbid & very fetid. Sp-gr 1006. Deepened litmus on standing a very copious white gummy deposit took place, which the microscope showed to consist of a large proportion of small sized crystals of neutral hyposphosphate; black globules & epithelial scales diffused through amorphous colored matter obscuring the field of the microscope.

On adding nitric acid diluted a specimen of this urine it was nearly cleared - with the liberation of minute bubbles, at first collected on the surface, disappearing on standing. The urine was not affected by heat, partially cleared by acetic acid. The deposit still left in the nitric & acetic solutions - consisted of epithelial scales & rounded black granules.

A filtered specimen of this urine was not clear of a light straw colour. A solution of oxalic acid caused a cloudy white precipitate.

When ammonia was added to the same there was a precipitate of triple phosphate.

The white deposit from the urine as stated above was subjected to a high heat with the blow-pipe it first turned black, then became white & fused, when cold it was subjected to the action of Muratic acid - diluted, which completely dissolved it. Ammonia added threw down still less crystals. The Mother fluid being subjected to the test of oxalate of ammonia ^{formed}

Sept 5th 1849 - Examined a specimen of urine given me
two weeks since by Dr Gotrecht, at the time it was given
to me it had a clear urinous odor under the micro-
scope exhibited the diamond form both quadrangular plates
of uric acid, at present it has a strong odor of am-
monia & presents a precipitate of opaque globular matter
of ammonia with a few crystals of rectangular type.

Rice Water discharge -

Specimen from St. August's Hospital, - in a cuped bottle obtained July 23^d - Examined July 25th - of a white color, exactly resembling rice water - tilted then opened. - It had separated into two portions an opaque white fluid & a dirty thick deposit. - Sp-gr 1.010. Neutral to litmus.

The deposit presented under the microscope a granular & amorphous appearance, - the granules having the form and appearance of pure globules, the amorphous part resembling amorphous urate of ammonia & apparently made up of an infinitude of very minute globules. Epithelial scales also noticeable.

The fluid portion of the evacuation being subjected to the action of ammonia in excess, after a few days - standing I noticed perfect crystals of triple phosphate of ammonia & magnesia.

1. Patient taken in Baltimore case at 12 oc. Vom-
ited all the way to Philadelphia and expired at 2¹/₂ P.M.

+ by the latter when deepened

& The same globules I have observed in the deposits
from the rice water discharges.

Examination
of the
Urine in Cholera -

1. Nathaniel Allen - 49 yrs - Admitted into Dr
Sargent's Hospital - July 17th 1849 - Partial Collapse,
Urine passed at 5 P.M. - of a deep reddish
brown color, clear when passed, odour as-
omatic natural, ^{temp. 73} Sp-gr 1.017. Not affected by heat
or nitric acid. Reddened Litmus. A thick deposit
after a few hours from acetic acid.

* Microscopic characters - malcollected epithelial scales,
a few exceedingly minute cysts of bacillate of lime -
+ some fine globules. - found embedded + resembling
on 12 hours standing a diffuse deposit, somewhat
thick &ropy when raised by the pipette. - Examined
by microscope presented numerous cysts of oval
shape entangled in masses - epithelial scales - fine
globules + black globules - When this deposit was
submitted to heat it became more liquid.

Nitric acid in 24 hours produced light cop of lime acid cysts,
18th Patient convalescent, Urine reddish brown
of lighter tint ^{than yesterday} & slightly turbid. Passed at 2 P.M.
color natural, consistence normal. Temp-73 Sp-gr
1.017. On standing 14 hours - a light deposit even
consisting of epithelial fine globules & masses, perfectly
limpid. Nitric acid slightly brightens the color.
Patient left hospital on 20th.

+ Mureatic acid renders it more transparent, with
a flocculent deposit & a reddening of the solution.
Acetic acid ^{lightens} ~~clears~~ the fluid with a ^{fine} light cloudy-
sediment. —

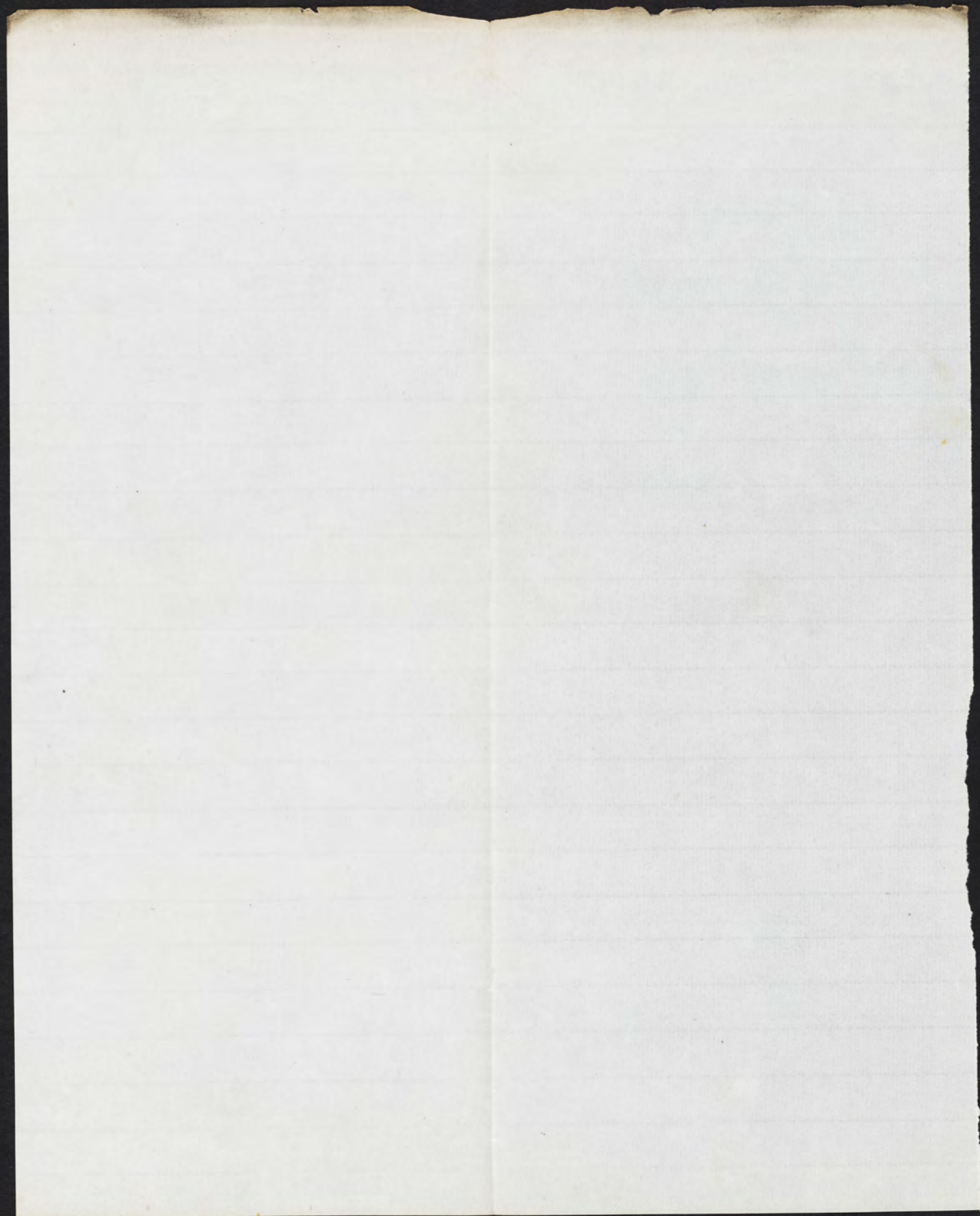
The deposit from Mureatic acid exhibits the granular
and amorphous aspect as in the urine. —

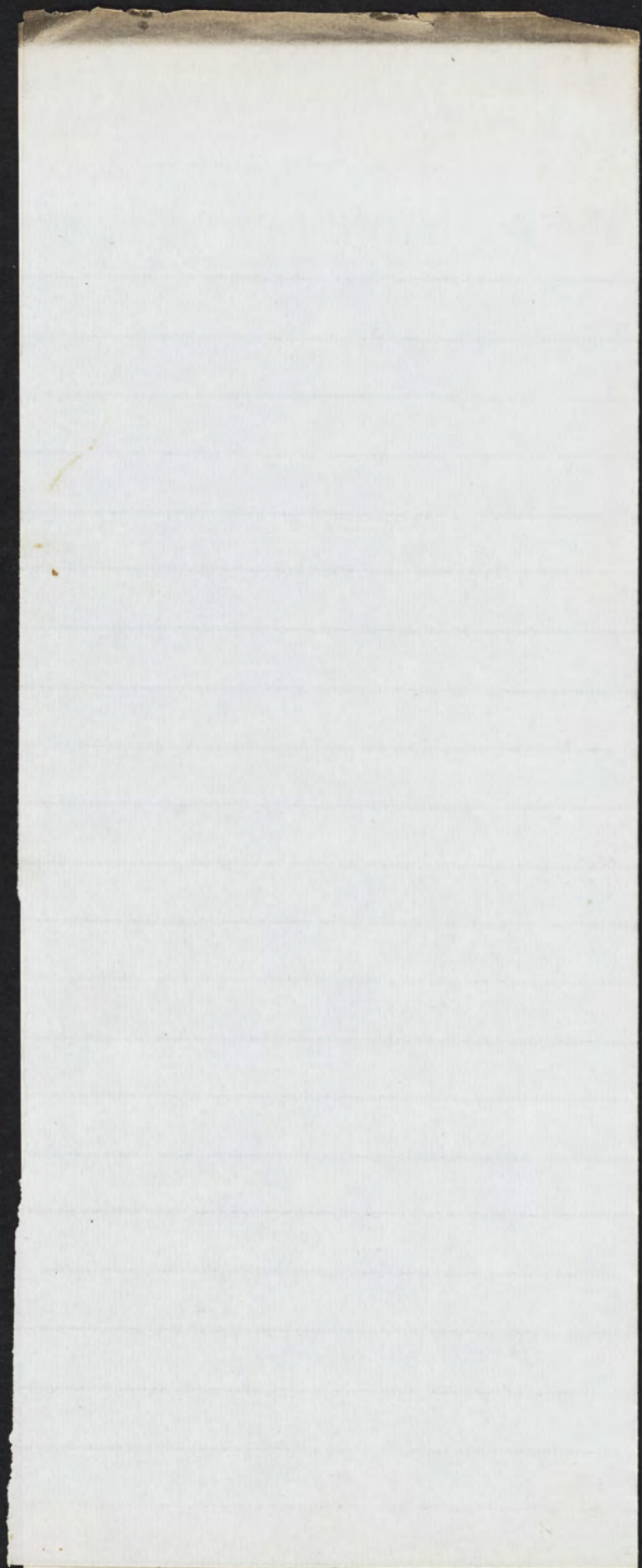
The deposit from acetic acid is small & flocculosa,

The precipitate formed by Ammonia is decided but
small in quantity & of a dingy white, with a clear
amber colour of the supernatant urine, under
the Microscope minute stellate phosphate crystals, with
broken fragments & the amorphous & granular matter,

Characters of urine to be looked to -

- 1 - Time passed - age
- 2 Acid or Alkaline (titmus)
- 3 Colour -
- 4 Consistence -
- 5 Sp gravity -
- 6 - Character of deposit -
- 7 - Microscopic characters -
- 8 - Effect of repose
- 9 - Action of heat
- 10 " of acids -
- 11 Test for urea





Wm. L. Dentstube - aged - Entered Dr. Sargent's Hospital
July 22nd 1889 - Urine passed at 10.00^{AM} 25°. Light Sherry-
wine colour opaque - Sp-gr 1.011. Temperature 72° -
cleared by heat. Odour aromatic strong. Reddened
litmus. Citric acid clears the sediment with an escape
of air bubbles. ~~Blasphemy~~ ^{+ a slight white coagulation} ~~Blasphemy~~ +

Permitted to stand a thick heavy deposit was thrown
down in 12 hours - which was partially soluble in Muriatic
acid with a sedimentary matter. The microscope
exhibits in the urine ~~the globular form of uric acid~~ ^{a globular and amorphous}
~~matter - amorphous~~ ^{some of the globules smooth the larger}
~~amorphous~~ ^{crystalline} epithelial scales ~~and the globules~~. The
deposit exhibits with the above follicular cysts of
uric acid.

July 26th urine passed 25° Thick & muddy of a dirty yellow
low colour Sp-gr 1.011. Temp 75°. Has let fall a
heavy dirty white deposit. Partially cleared by heat
the deposit subsiding as a heavy shreddy one, leaving
the supernatant fluid lighter colored & clearer but
not transparent. A thick scum formed by boiling. Muriatic
acid produces brick effluorescence, the sediment subsi-
ding & the fluid remaining opaque. Citric acid produces
brick effluorescence & an opalescent appearance is given to
the fluid. Acetic acid

The microscopic appearance of the deposit in the urine are
of neutral triple in small cysts & an amorphous veil -
enveloping them.

Patient walking about convalescent

Henry Howard aged.

July 26th Urine passed 26- Deep yellow, muddy, frothy
material. Sp-gr 1.007 Temp-78- Consistency natural.
A light, whitish sediment, dry sediment adherent to
the beak of the pipette, consisting of pure globules -
and epithelial scales with a few minute phosphate
crystals, chertic & lenticular.

Rendered lighter but not clear by mucic acid,
acetic acid renders the colour lighter but gives a
decided turbidity. - Becomes whitish opalescent by
heat. - This patient labours under emphysema in
pneumonia & is so debilitated from prolonged asthma
that his recovery is doubtful. -

26- Died from asthma.

Parnes River - Aged.

Entered St. Leger's Hospital July 25. Urine passed
July 26 - Deep brown. Eight ounces. Odor minus, Consis-
tence natural, a large head formed on pouring into
the sp. gravity bottle. - sp-grav 1009. Temp 83. Examined
July 27th Cloudy with a deep floculent deposit.
Cleared & transparent by heat with a light separation
of the flocculi & their precipitation. Cleared & slightly
reddened by Muriatic acid, with the evolution
of minute bubbles. - The same by Nitric. - Riddell's Solution
The microscope exhibits in the deposit epithelial scales -
globular particles in abundance & a few vibriones. -

Urine passed 27th deep amber color nearly transpa-
rent. Odor aromatic, consistency natural. Temp 83 -
sp-gr 1005. - No deposit on standing 8 hours. -

During last winter had a protracted attack of
typhoid fever

Procured 8 oz of urine, of a deep red brick colour, turbid +
depositing a large amount of precipitate - very fetid
^{alkaline} ~~neutral~~ Precipitate Neutral triple phosphate, epithelial
scales + sprague urate of ammonia.

Chlorosis

Siemensstadt - Prussia

September 6th 1849.

Was called to see Mrs. Tilton aged - a thin spare made woman, rather hard blue eyes, nervous temperament. Has been married for six years without having had any children. Health during the whole of this time has been more or less delicate, suffering more or less from pain full & difficult ^{she has had whole blood & cat. discharges} menstruation. During the last month has been afflicted with the prevailing distention of the bowels for which she has been under treatment & for the last twenty four hours has suffered intense pain in the hypogastric region attended at intervals with violent spasms. Saw her for the first time this morning and found her as follows - Pain great in the abdomen with tenderness, skin dry, ^{complexion sallow} pulse sharp divided small, bowels bound, tongue coated, thirst, irritability of stomach, pain in back & lumbar region. Urine deep red & loaded with deposit, difficultly passed in micturition, ^{trifling} bled passed injection following a small dose of Ric. Hop. for emetic action & afterwards a opium after operation of medicine - ^{L. 4} Informs me she expects the menstrual discharge Sept 6 - Relieved by the injection which opened the bowels discharges dark colored, oil thrown from stomach - passed a pretty comfortable night & the periodical ^{dis-}charge being established, is relieved from acute pain but has considerable soreness, stomach more settled, tongue coated, thirst & feverish symptoms continue. ^X Flashed inject. ext. Cal - 1/2 gr. Ext. Ergo. sup. Pulv. Rhiz. i - every four hours - last forment. Put her to in water as drink, spare

dict. -

Sept 7 - as yesterday contin treatment both gr & opium - during night - no stool -

Sept 8th Improved, bowels well opened, tongue cleaning & irritability of stomach less - pulse natural & kind steady, - urination less difficult, less soreness of abdomen. Rested well during the night.

Animal food & an anodyne pill in the evening -

Sept 10th Has continued to improve as to the general symptoms. Yesterday from distention of bowels by flat gas induced by anastipatives had an attack of ^{followed by dysenteric spasms of the whole body & temporary} intestinal colic. An anastipative injection directed - Schlichte -
+ Mass cod. Glyc gr xij. Ext. Linc. gr XX - Ext. Glyc gr IV Pulv Rhei gr ~~viij~~ - Ft pil xij - taken morning & evening. Animal food & Broth.

Sept 12. Examined per vaginam & found uterus - small, neck long narrow, with a very small not easily detected opening - vagina large flabby - on palpation some pain & uneasiness communicated to the body of the organ & extending to the hyp. iliac region. Ordered anodyne injection of ext. opii - gr ii + glassed tea twice daily.

Sept 13 - Has continued free from pain or uneasiness since attack of colic. Rests well. Appetite good, - bowels opened regularly. No soreness except when firm pressure is made over the lower part of abdomen, tongue clean, pulse 100 - small but soft, skin cool & pleasant. ^{Slight} ~~There~~ with a little yellowness of adnata. Urination without pain -

Urine 83 - of urine passed through the night, of a
deep brick red colour, ^{loaded} loaded with sediment
which when shaken renders the fluid muddy, but
subsides readily on standing a few minutes. Sp. gr
1025. Temp 98. - Odour faint, consistency thick, sedi-
ment dingy white, upper layer somewhat flocculent,
Reaction - litmus alkaline.

Partially cleared by heat. Muratic acid acts with
effervescence disengaging carbonic acid from carbo-
nate of ammonia, the solution being rendered clearer
by the solution of the phosphates, but still cloudy & height-
ened in colour, a slight deposit occurring upon standing
half an hour, which proved to be epithelial scales -
Nitric acid produced a similar effervescence & a partial
clearing of the fluid, but heating the nitric acid so-
lution & allowing to cool, a more decided deposit occur-
red - of the same with a crystal or two, preventing of view. Acetic acid dissolved part of the deposit, leaving epithelium.
A microscopic examination exhibited a great amount
of beautiful crystals of neutral triple, an abundance
of amorphous scales of ammonia & some large opaque
masses of the same.

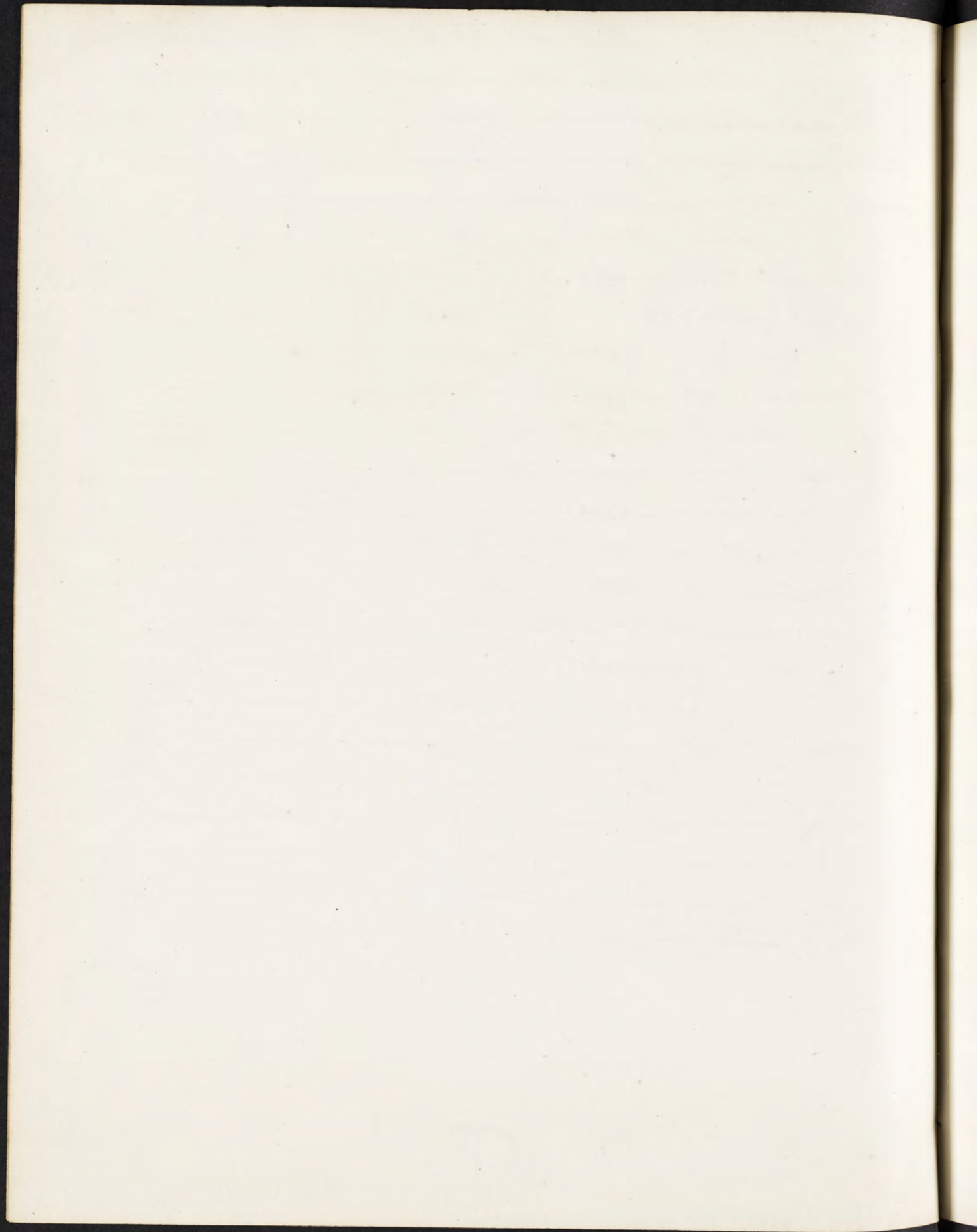
By standing the acid solutions left pale brick acid.
Sept 19th - I have been free from pain or spasms since
last report, & is apparently doing well -

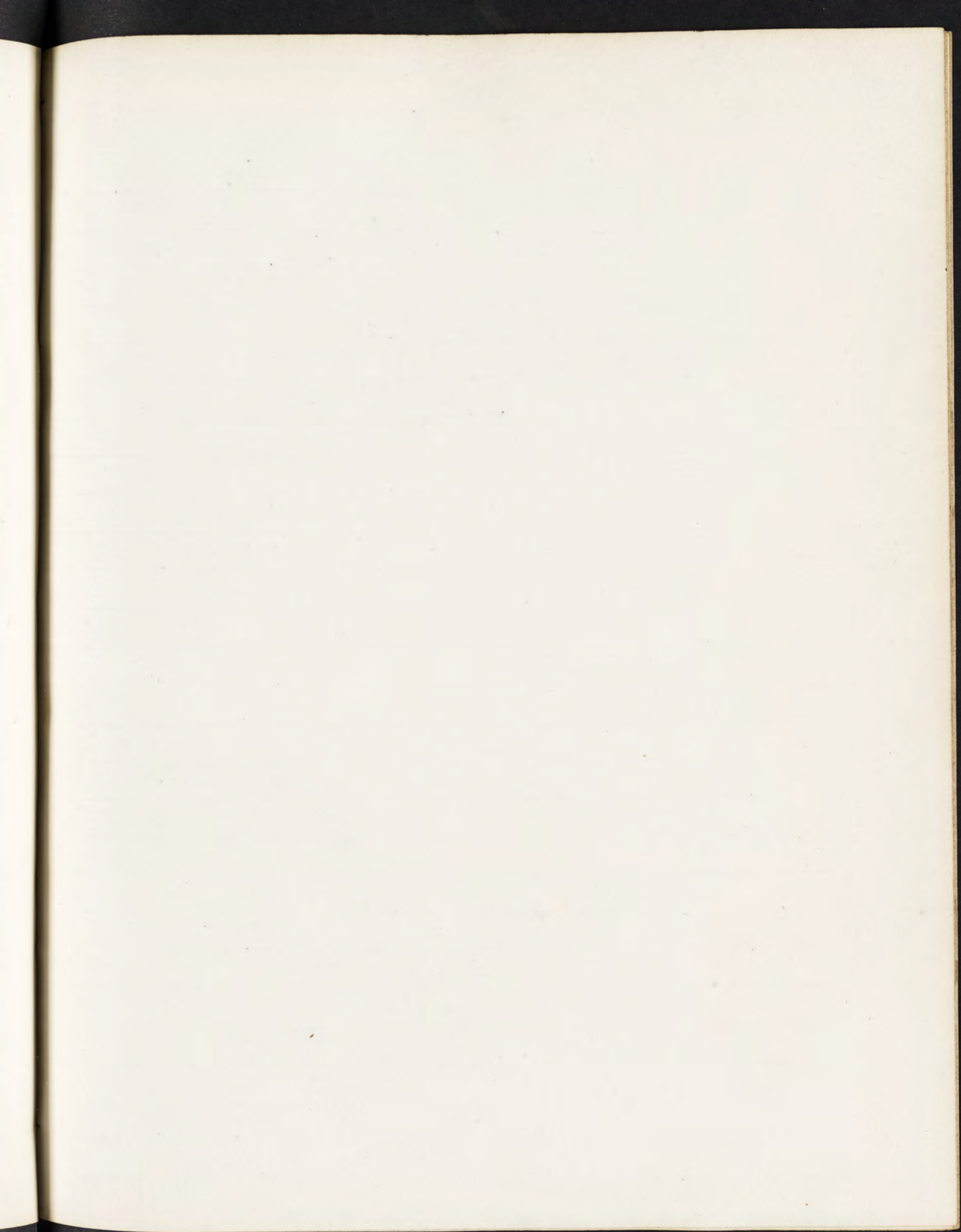
Urine 83 - passed this morning, of a deep citre
colour, not perfectly clear, a light cloud being appar-
ent through the fluid, consistency & odour natural
temp - 96°. Sp. gr 1027. - Reaction litmus.

On standing 12 hours a decided white deposit occurred, composed of black globules, small beautifully defined crystals of ^{neutral} ~~basic~~ phosphate, amorphous matter (hydrate of ammonia or phosph. lime) with some few globules. On standing 48 hours the specimen assumed a turbid appearance, became of a bright red colour that fell a copious white precipitate. Alkaline to litmus & effervescing with acids (not ammonia) odour very fetid.

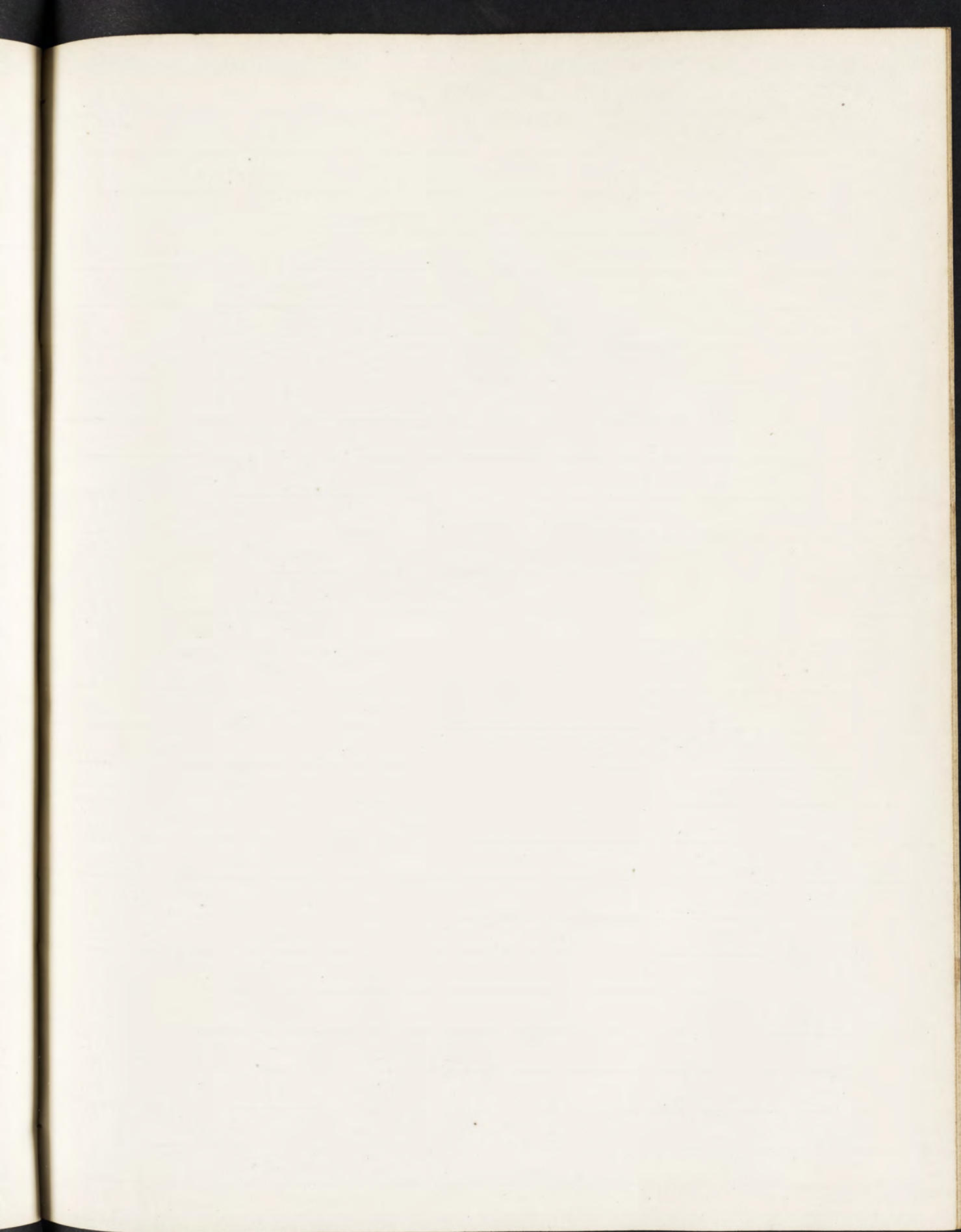
October 1st. During the past two weeks patient has varied in her condition, for two or three days would be free from all apparent disease & then again suffer from pain in the abdomen & hysteriform symptoms - I saw her at 4 or 5 P.M. & found her even complaining of diffuse pain in the abdomen, during my visit she had a decided hysterical convulsion which resembled gastroenteritis, attended by incontinence & of ~~five~~ ^{three} minutes duration, on returning to consciousness, she complained of ^{severe} soreness in her muscles, the husband informed me that this was the second she had had since she - in a few days she ceased her catamenial period. Anodynes were resorted to as her bowels had not been moved for two days - Pot. Ex. Col. Cong. & Hyoscyamine, when ~~the nervous system~~ ^{the nervous system} became quieted.

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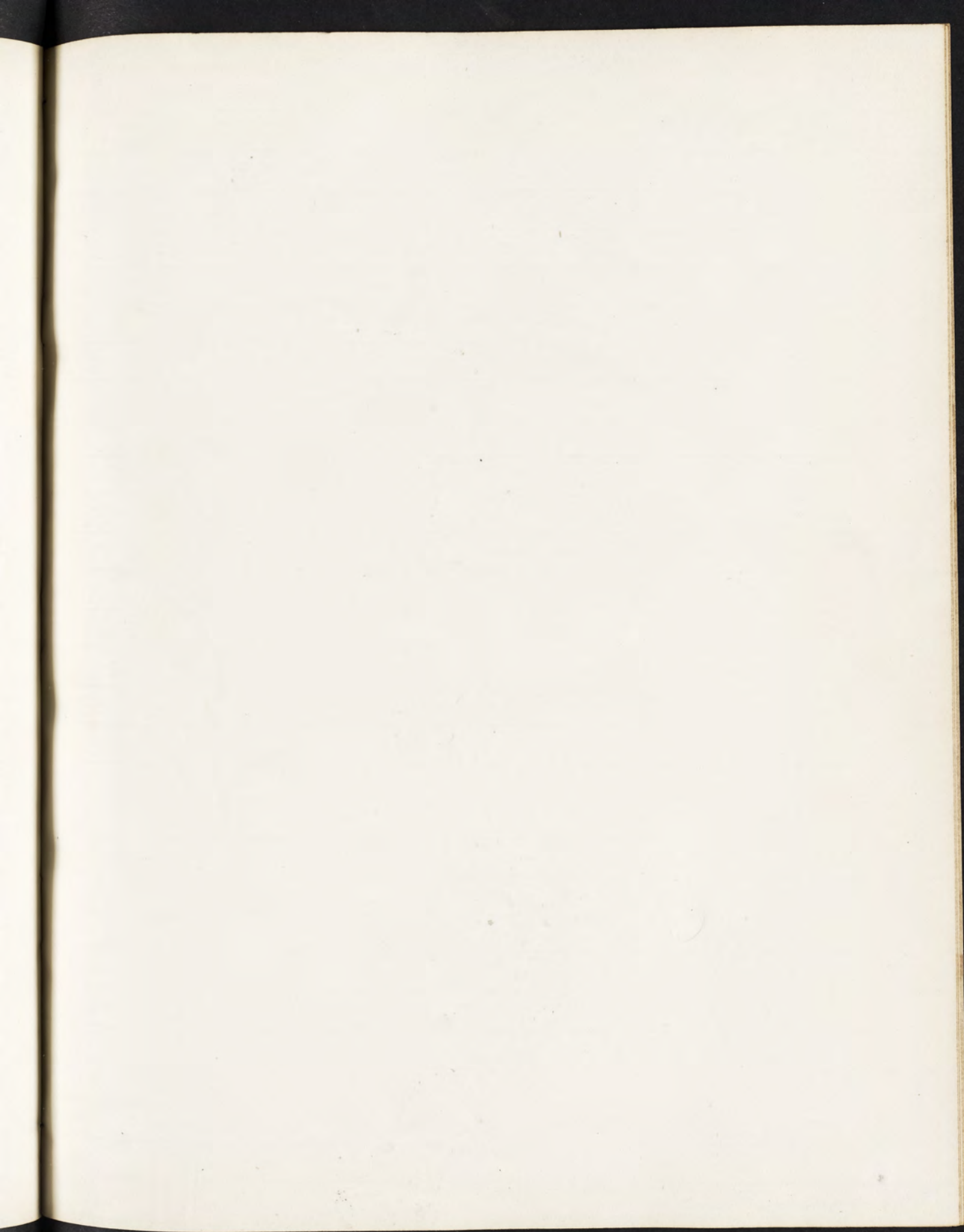




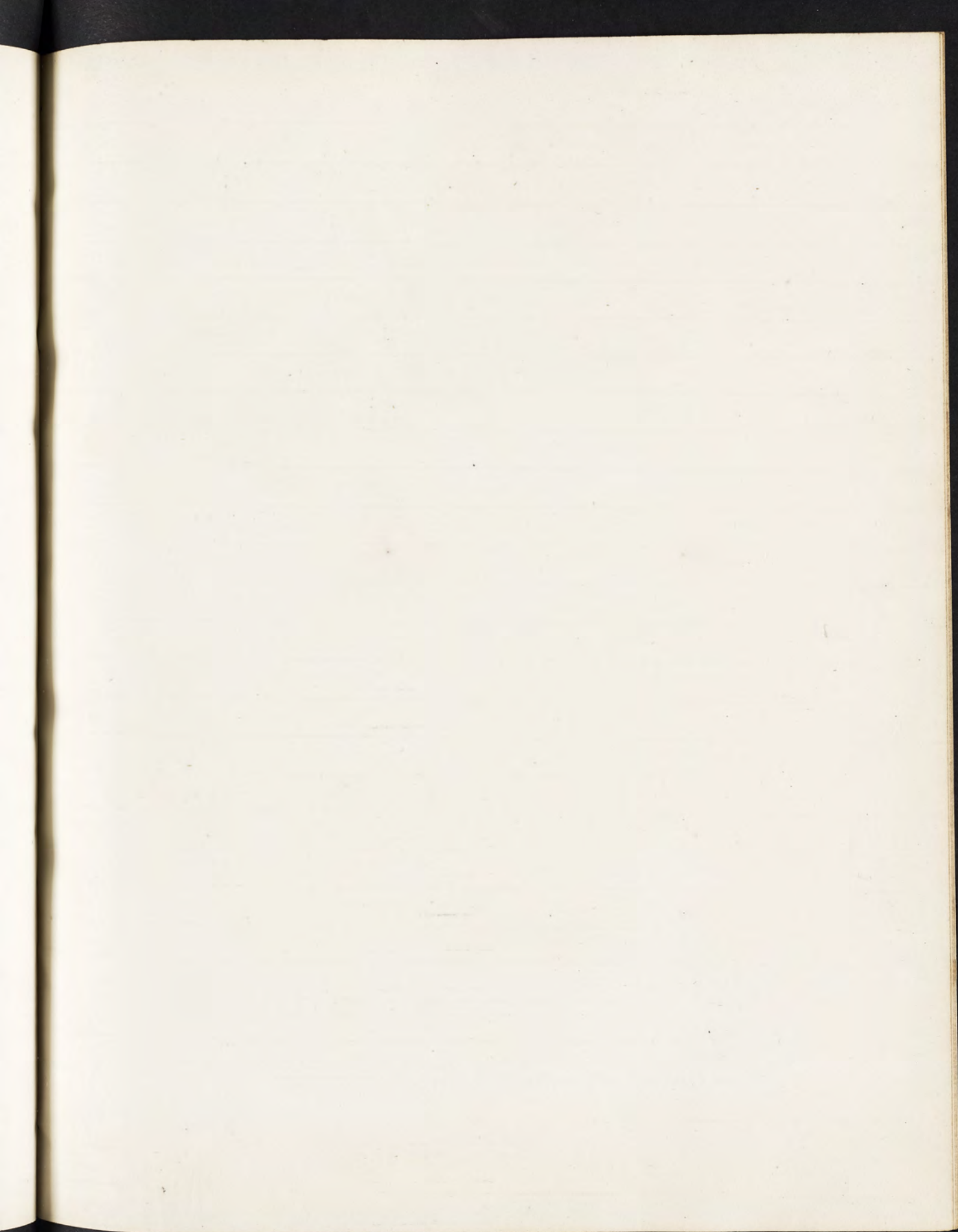


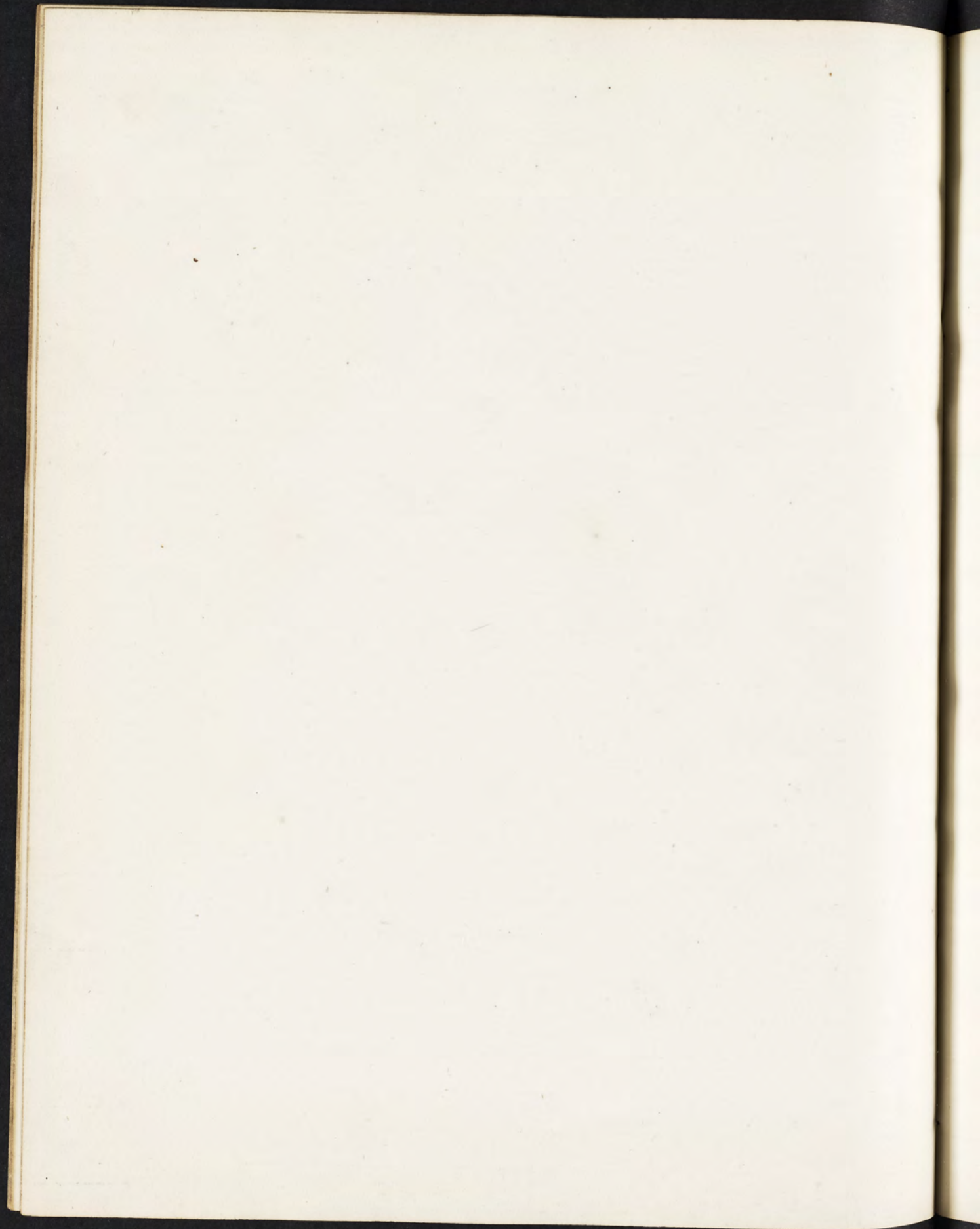


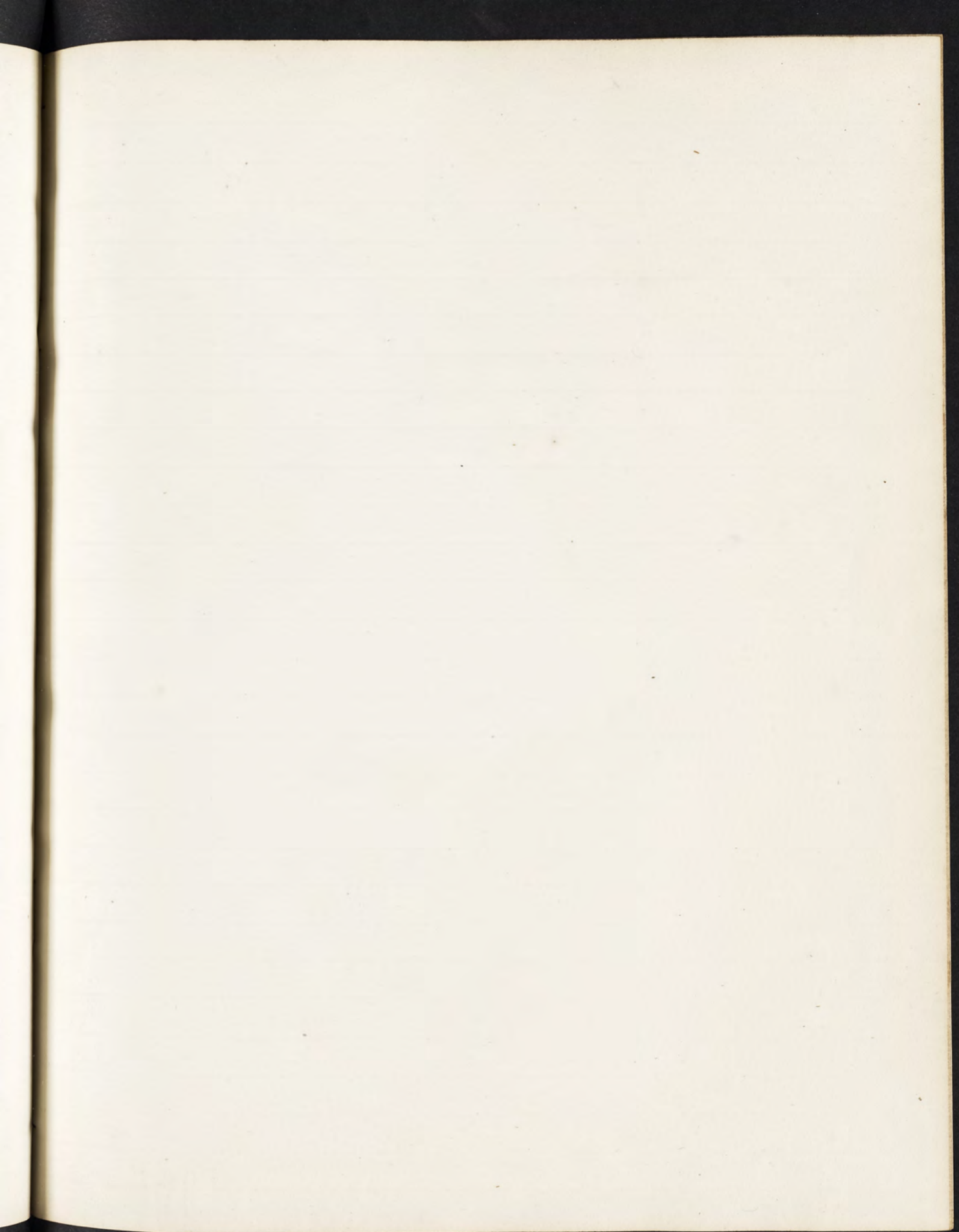


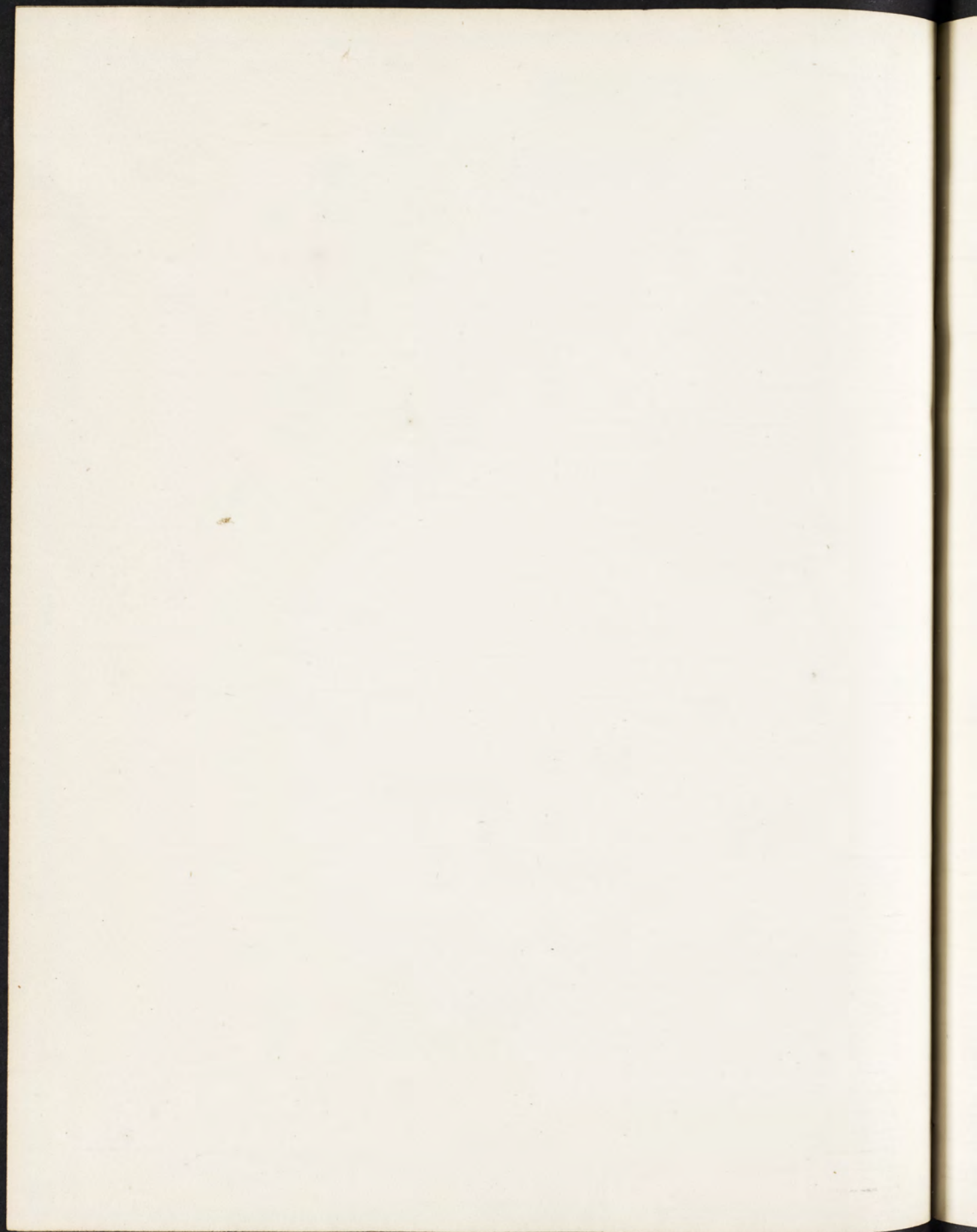


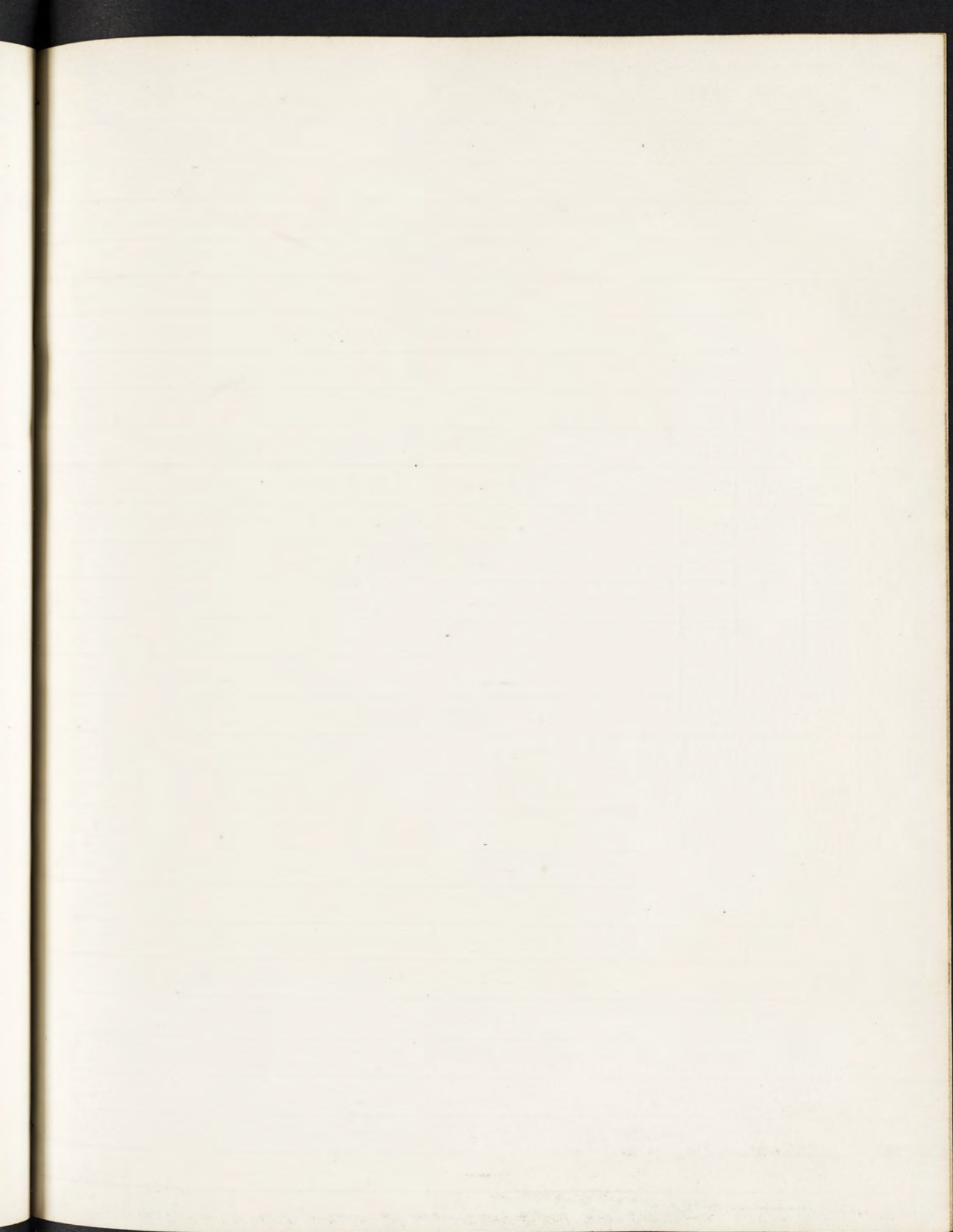


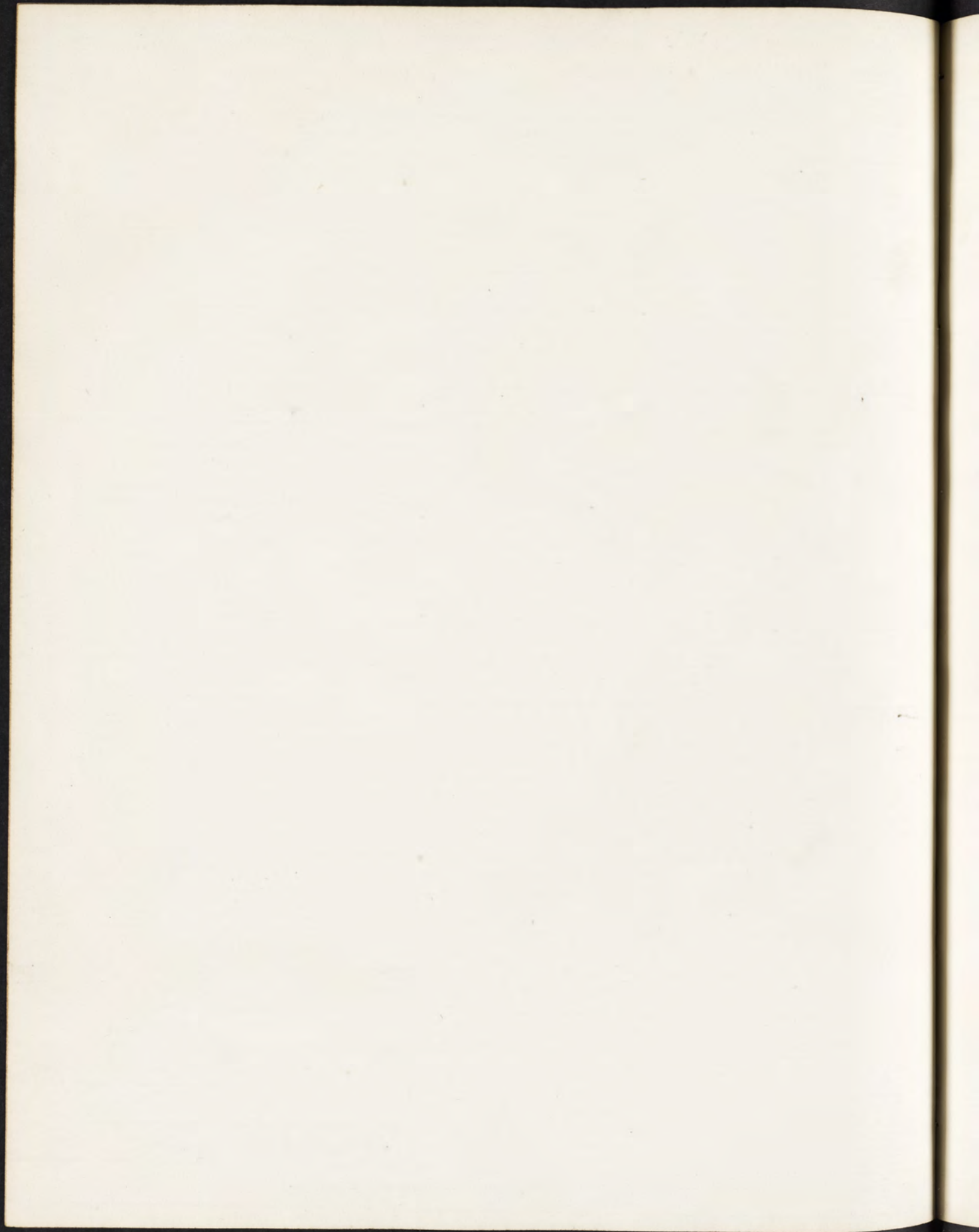




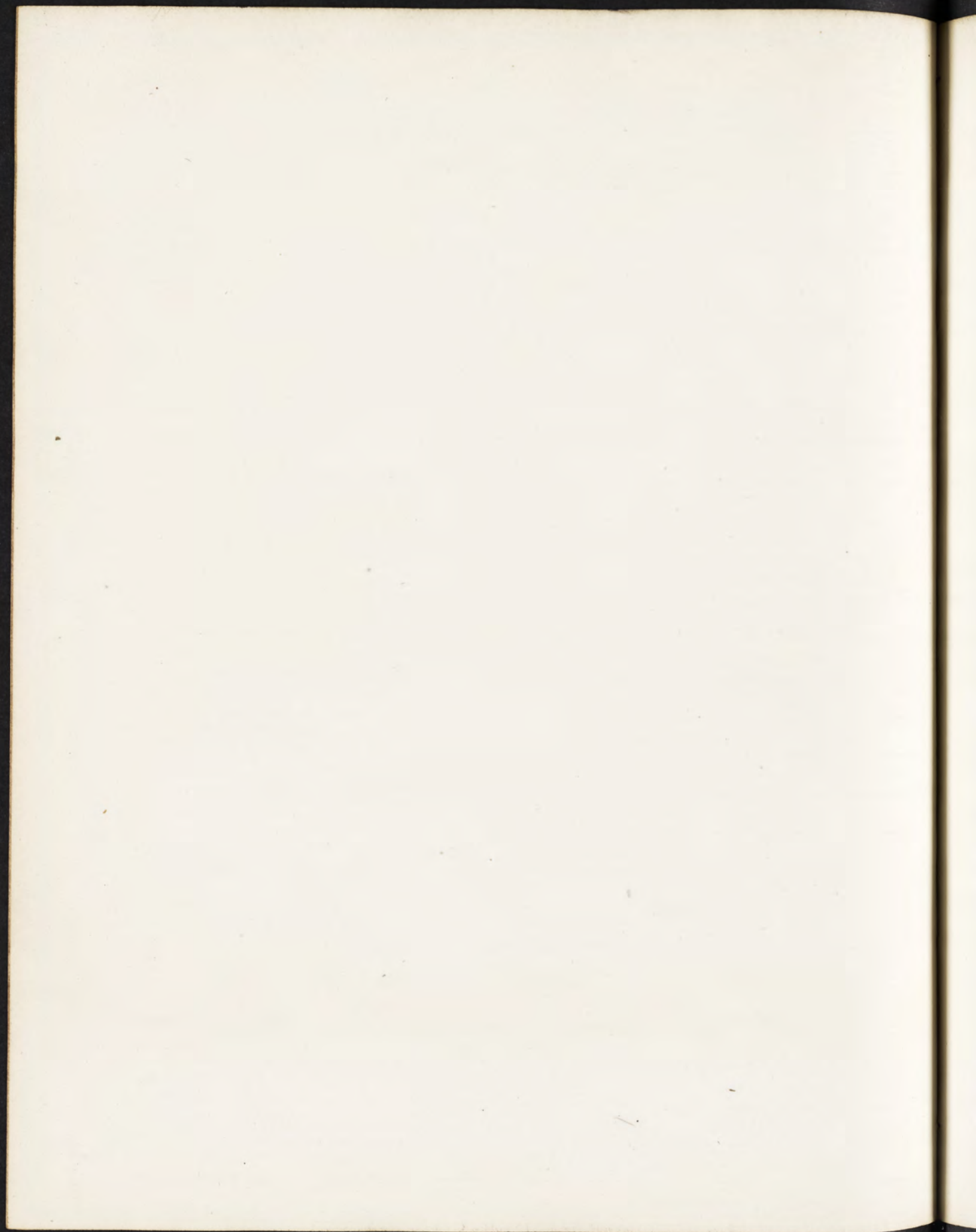




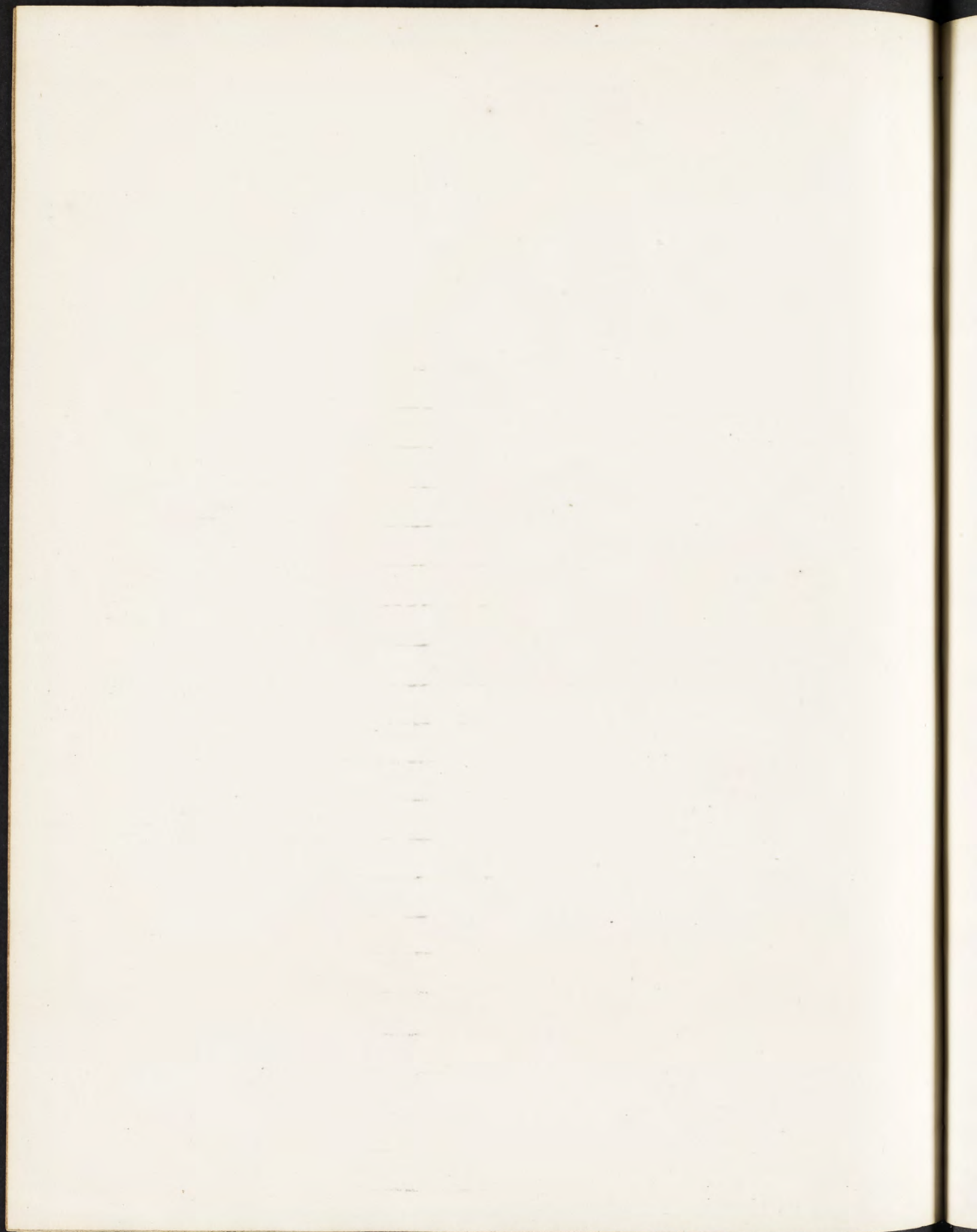


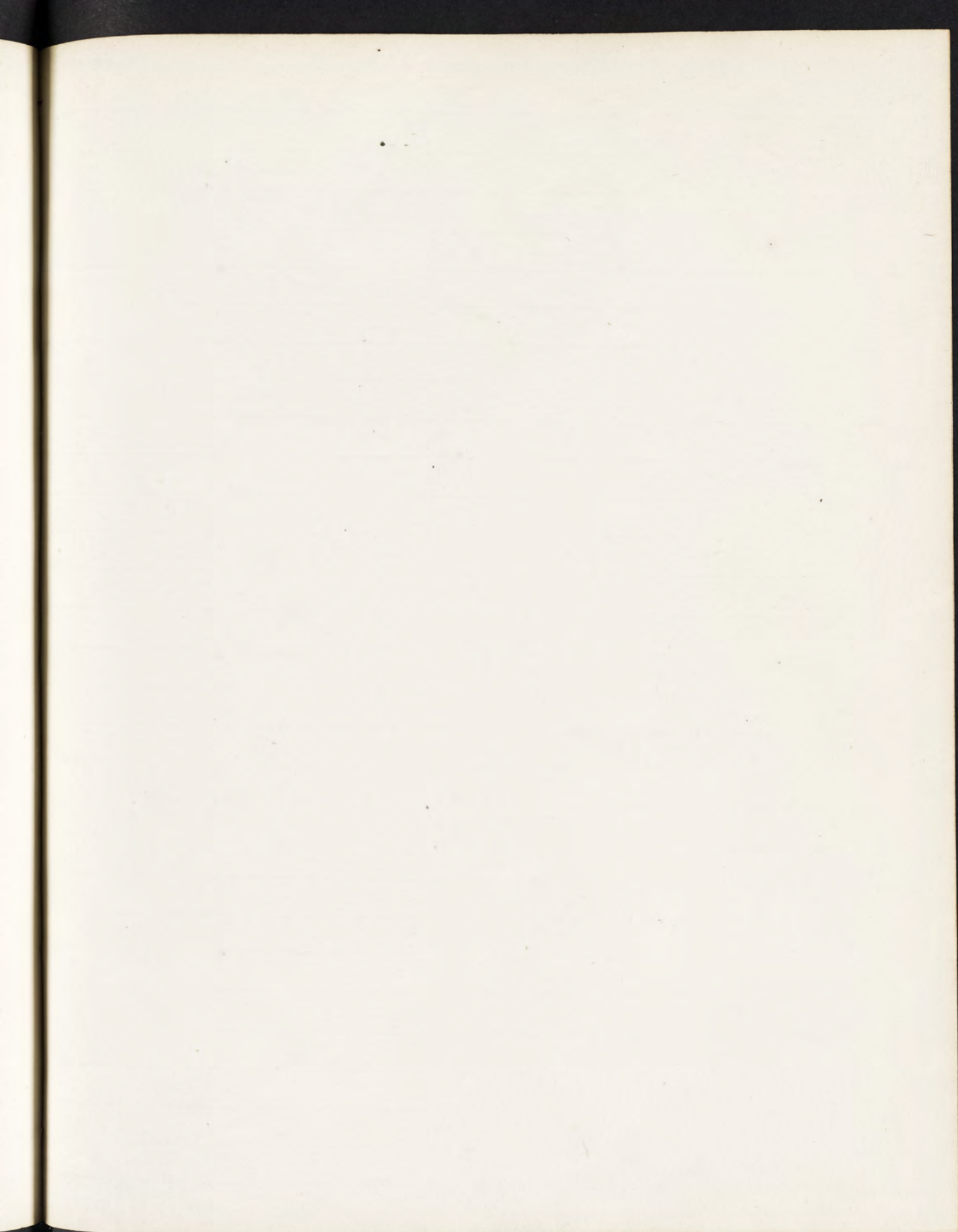




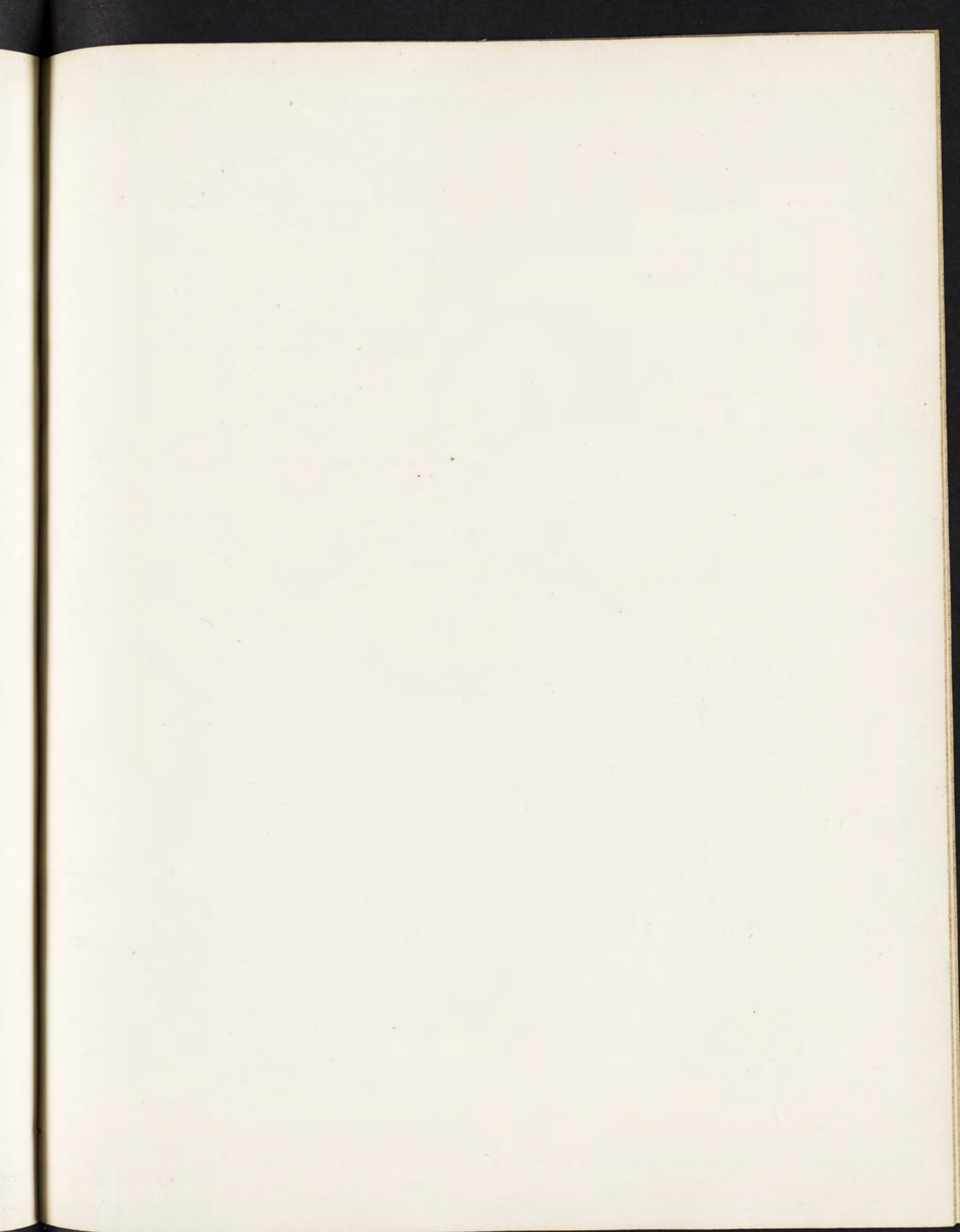


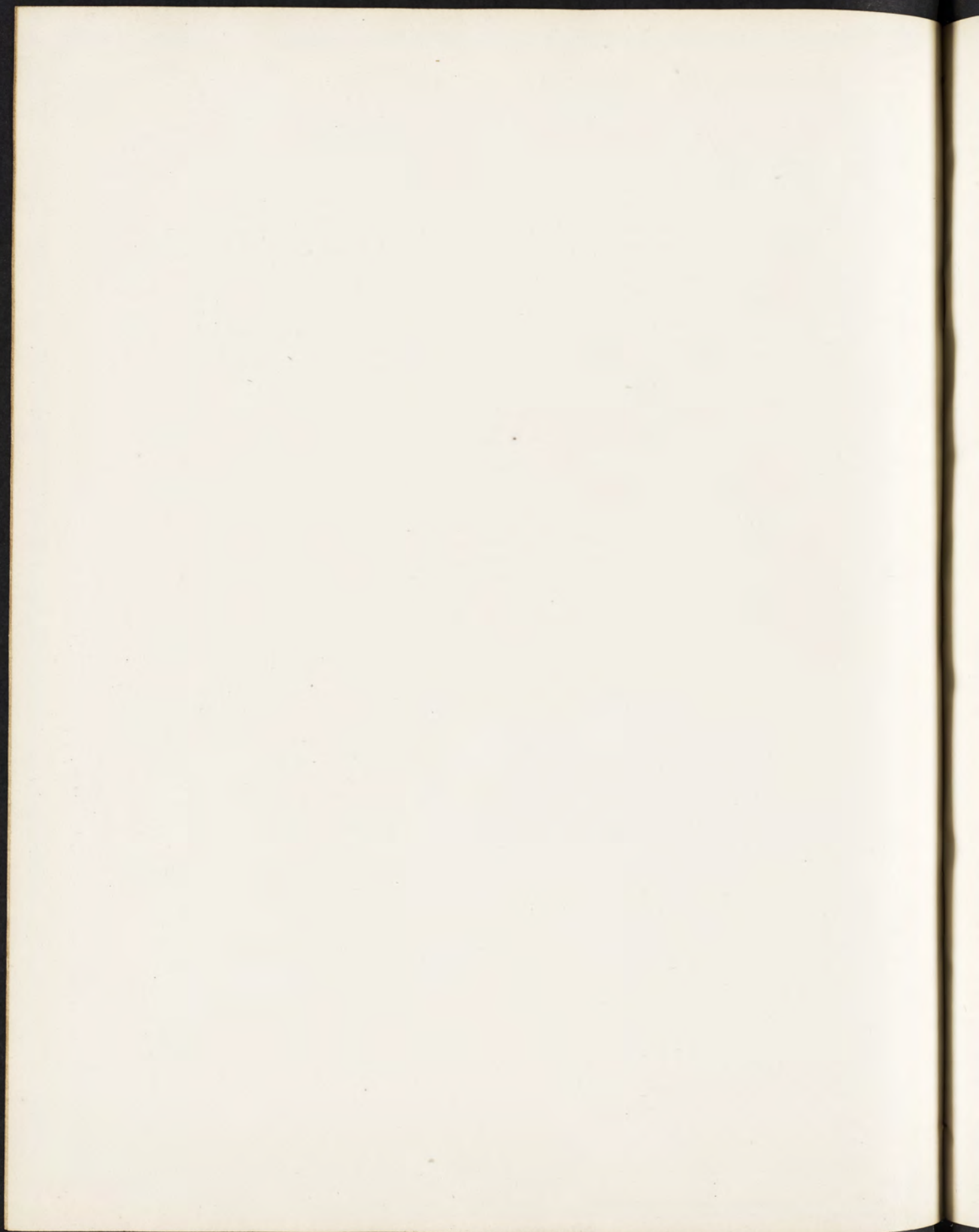


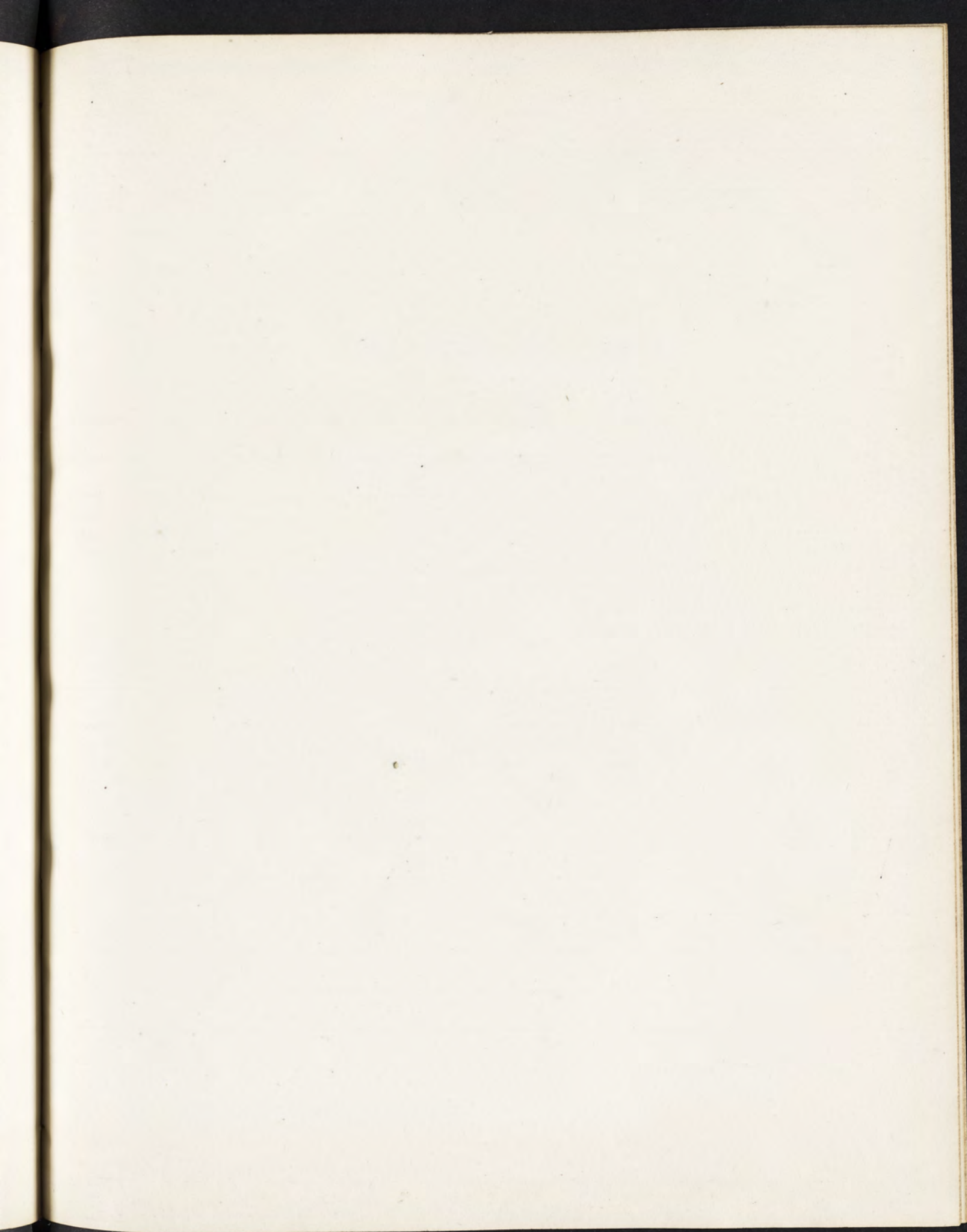


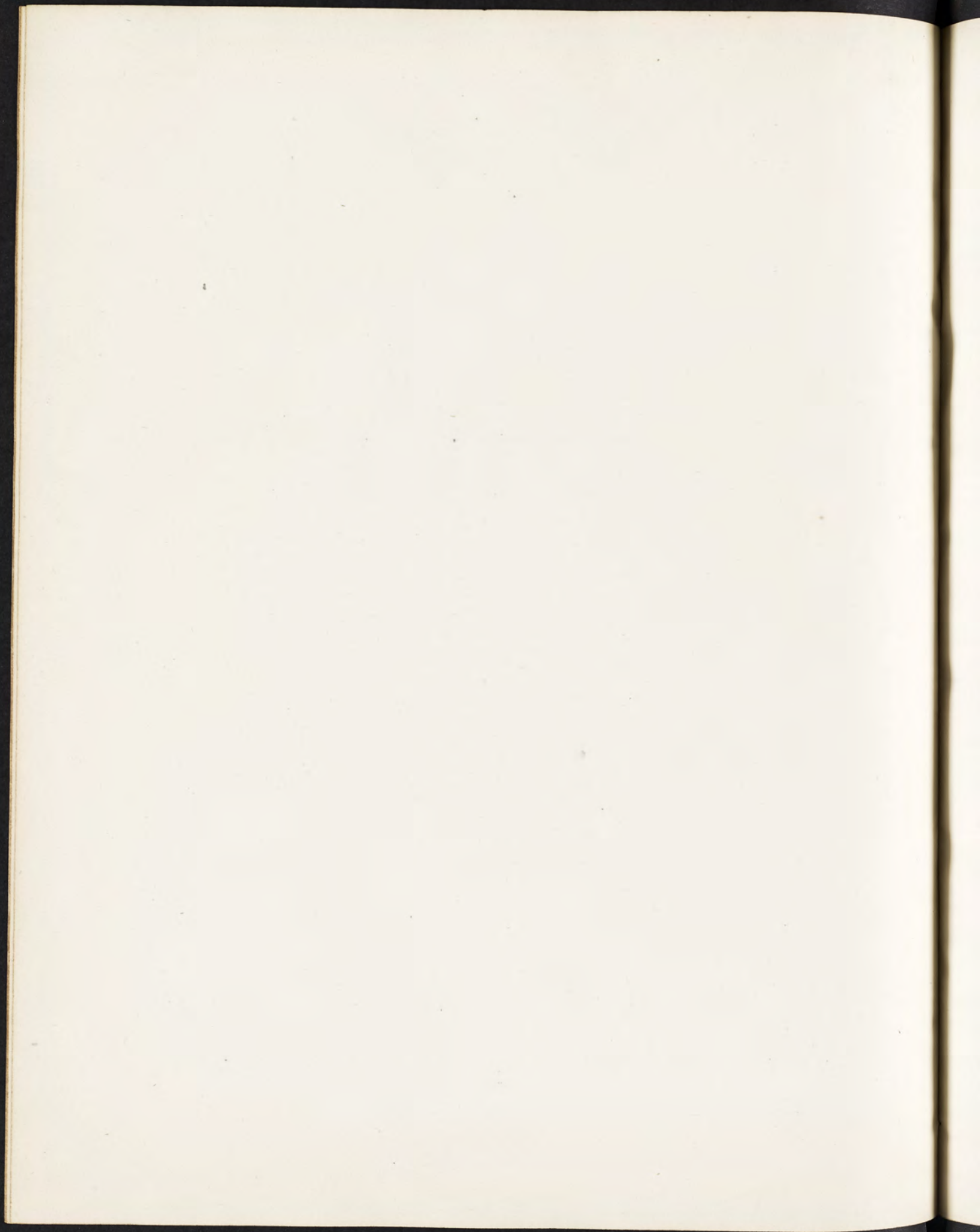


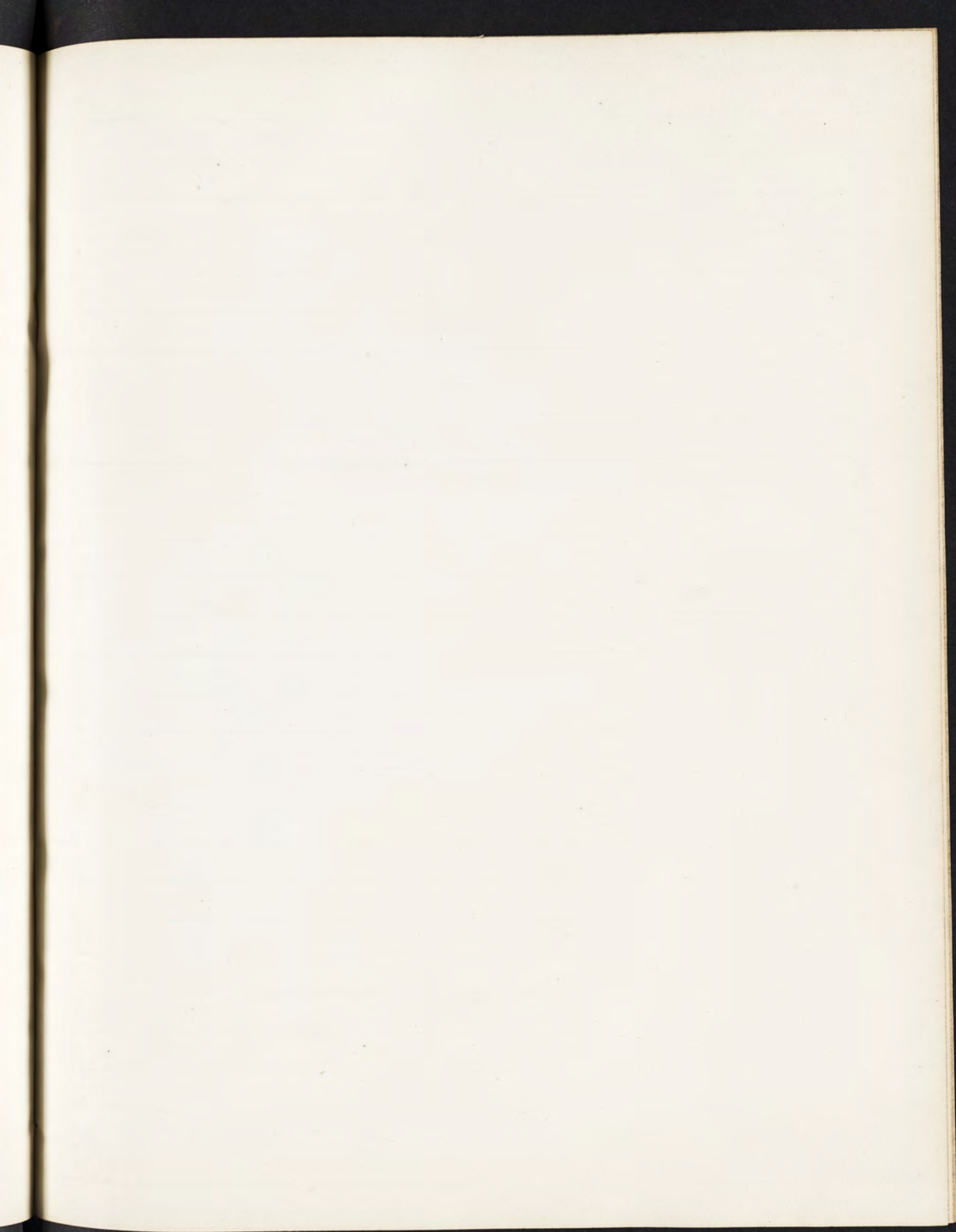


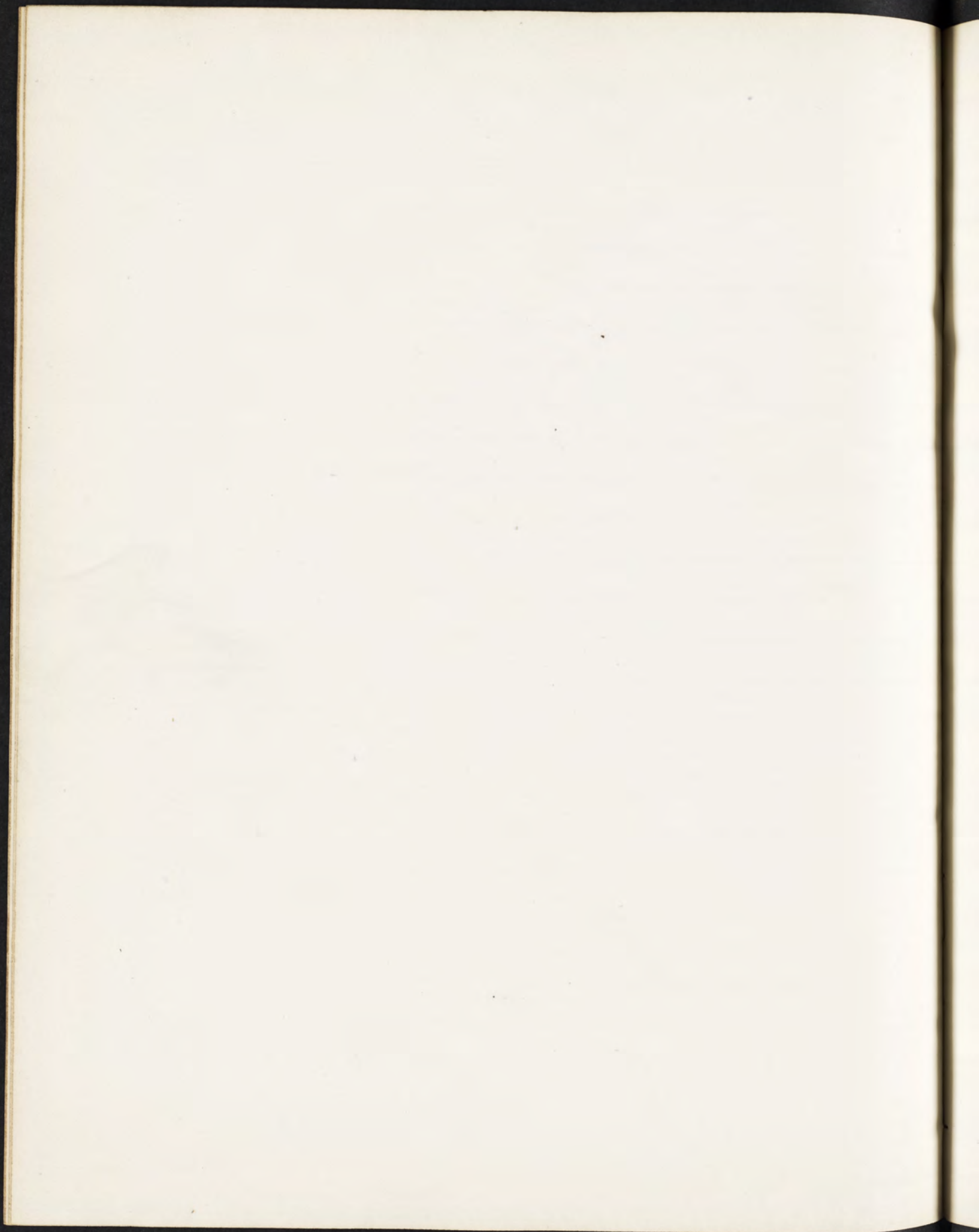


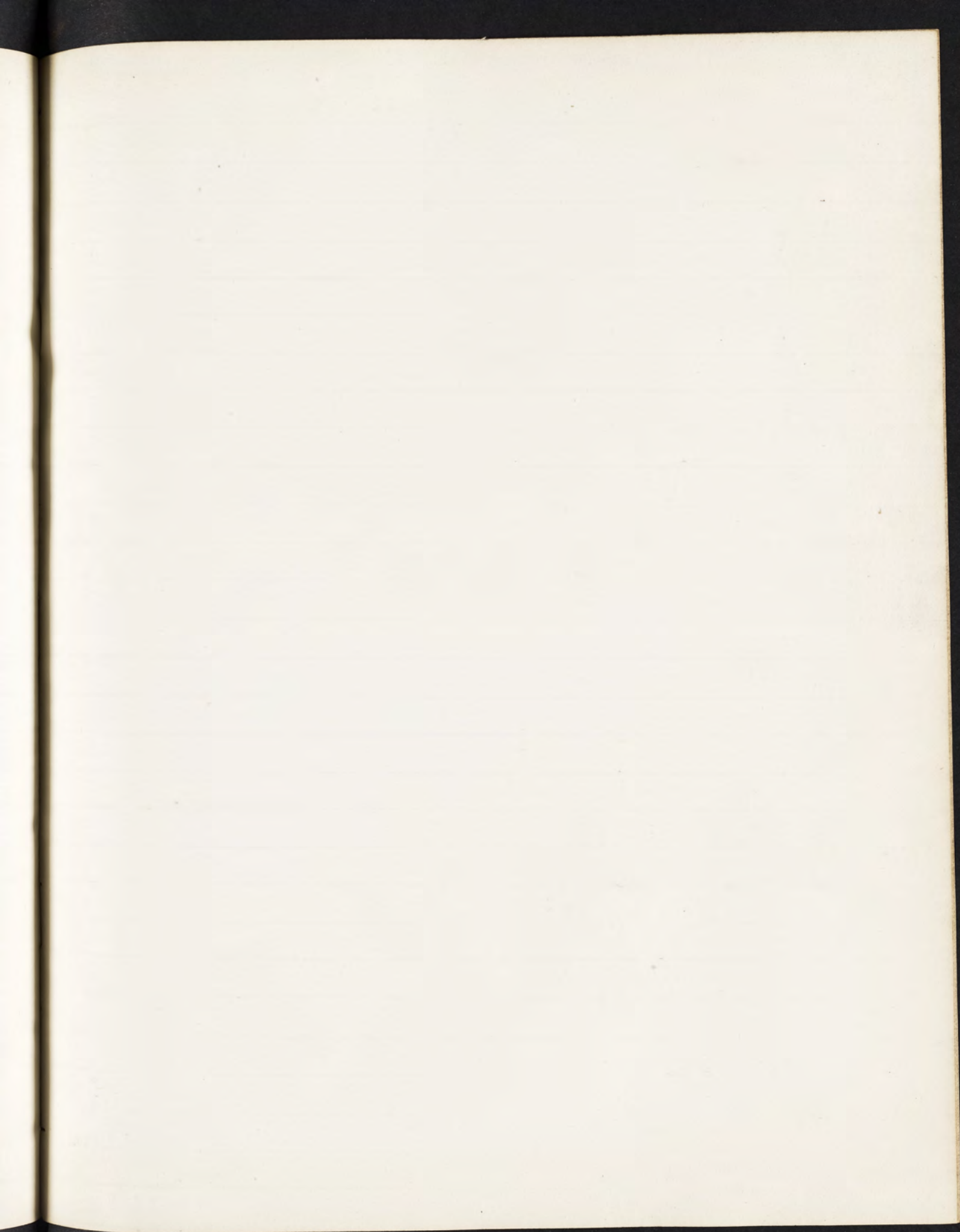


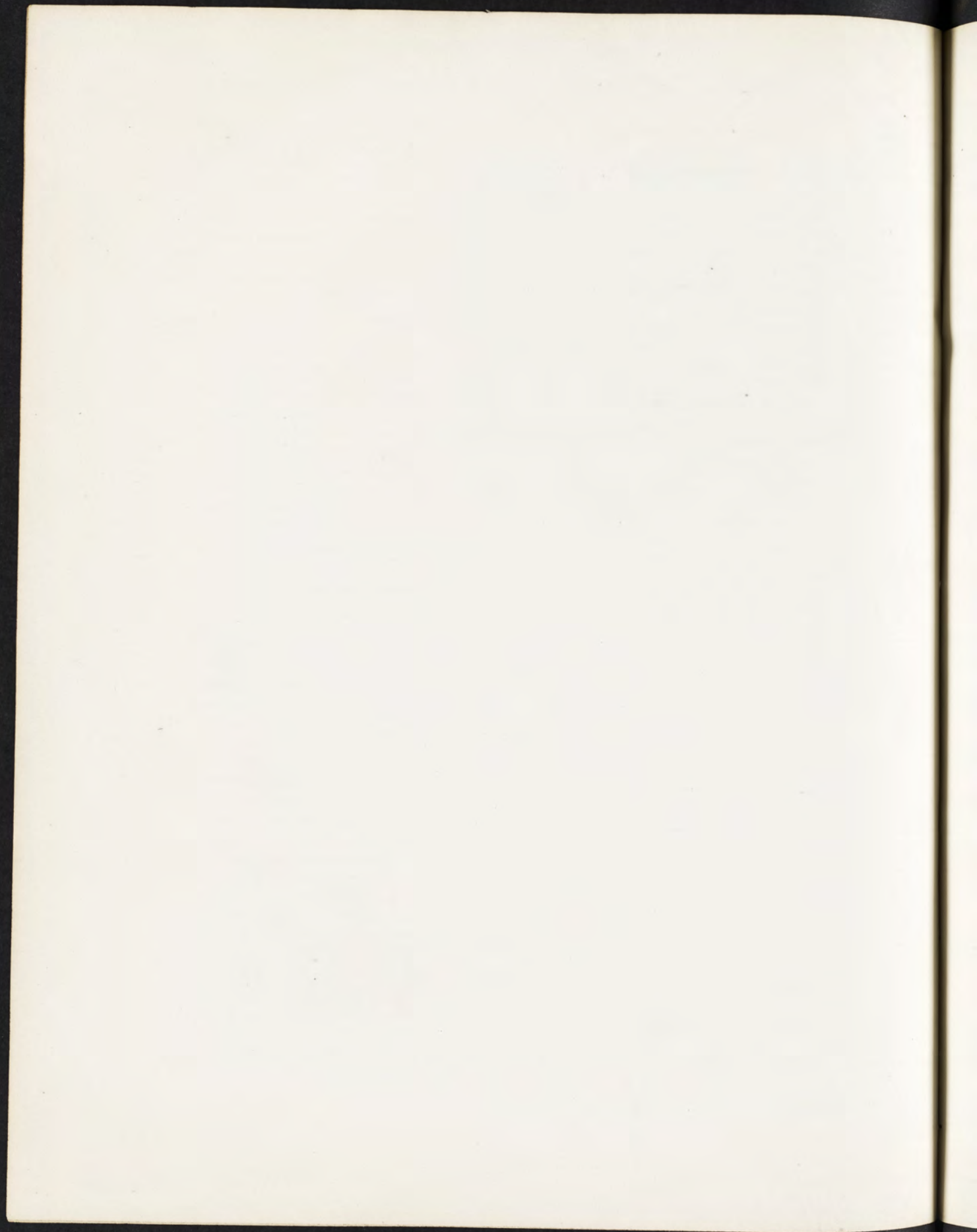




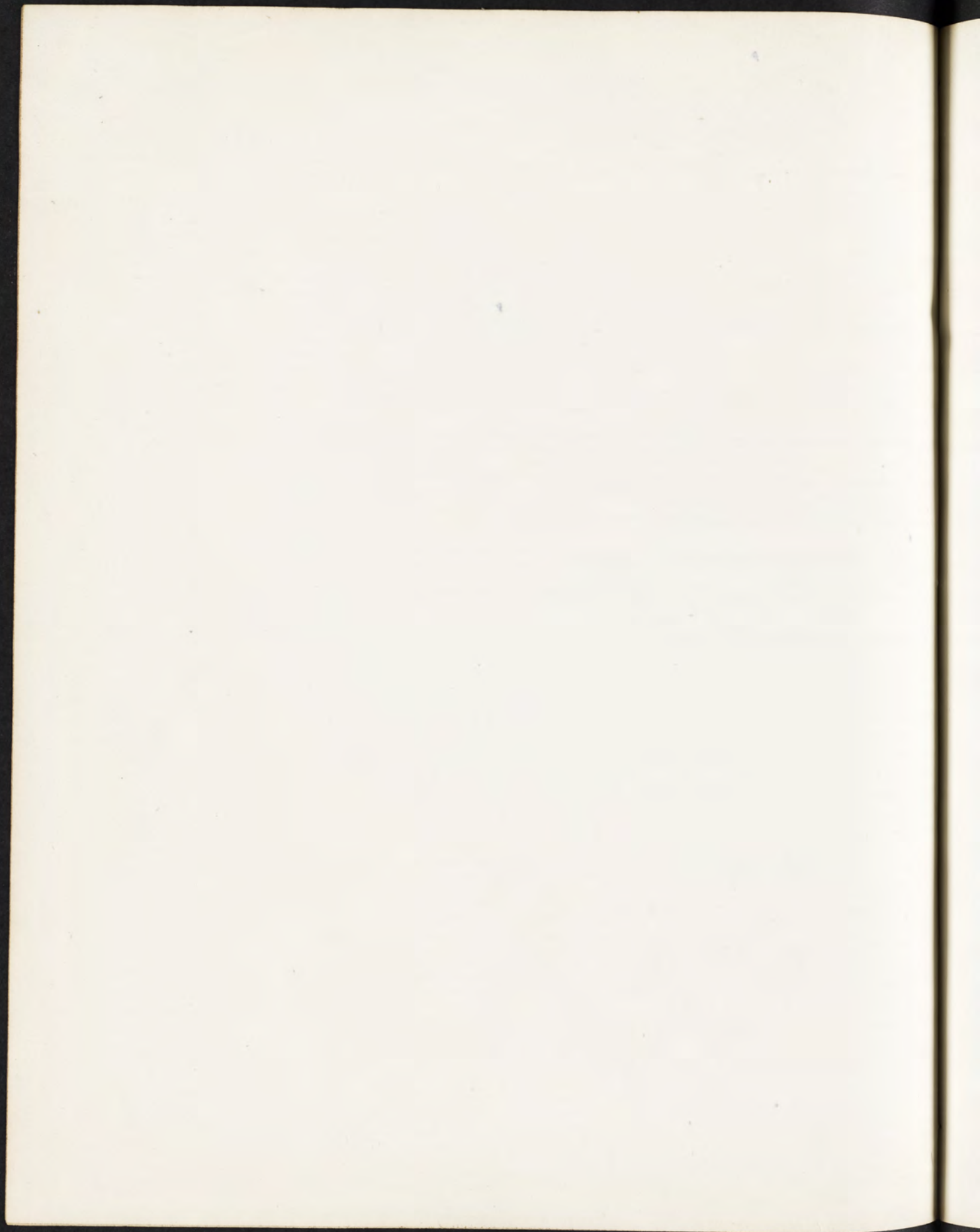


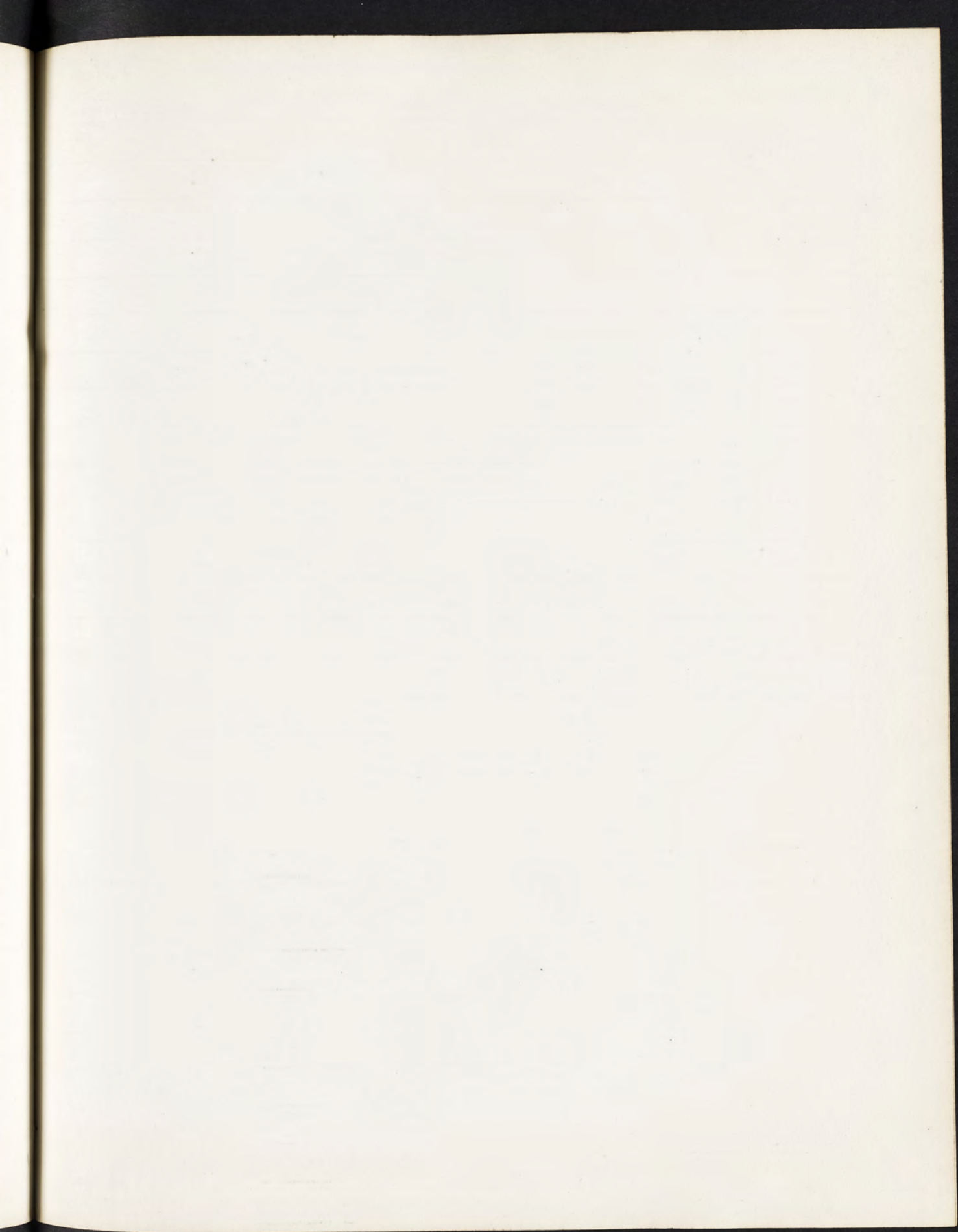


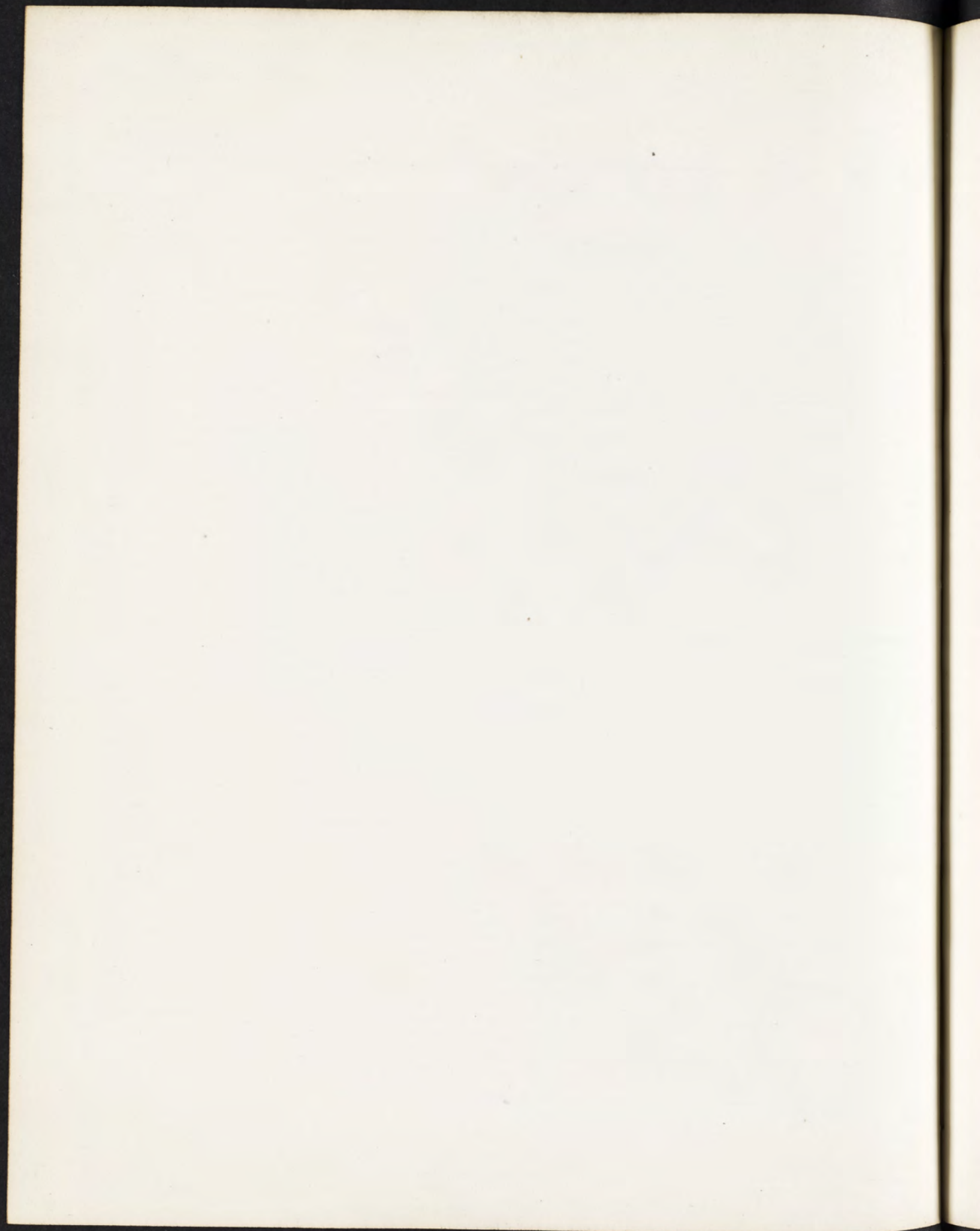


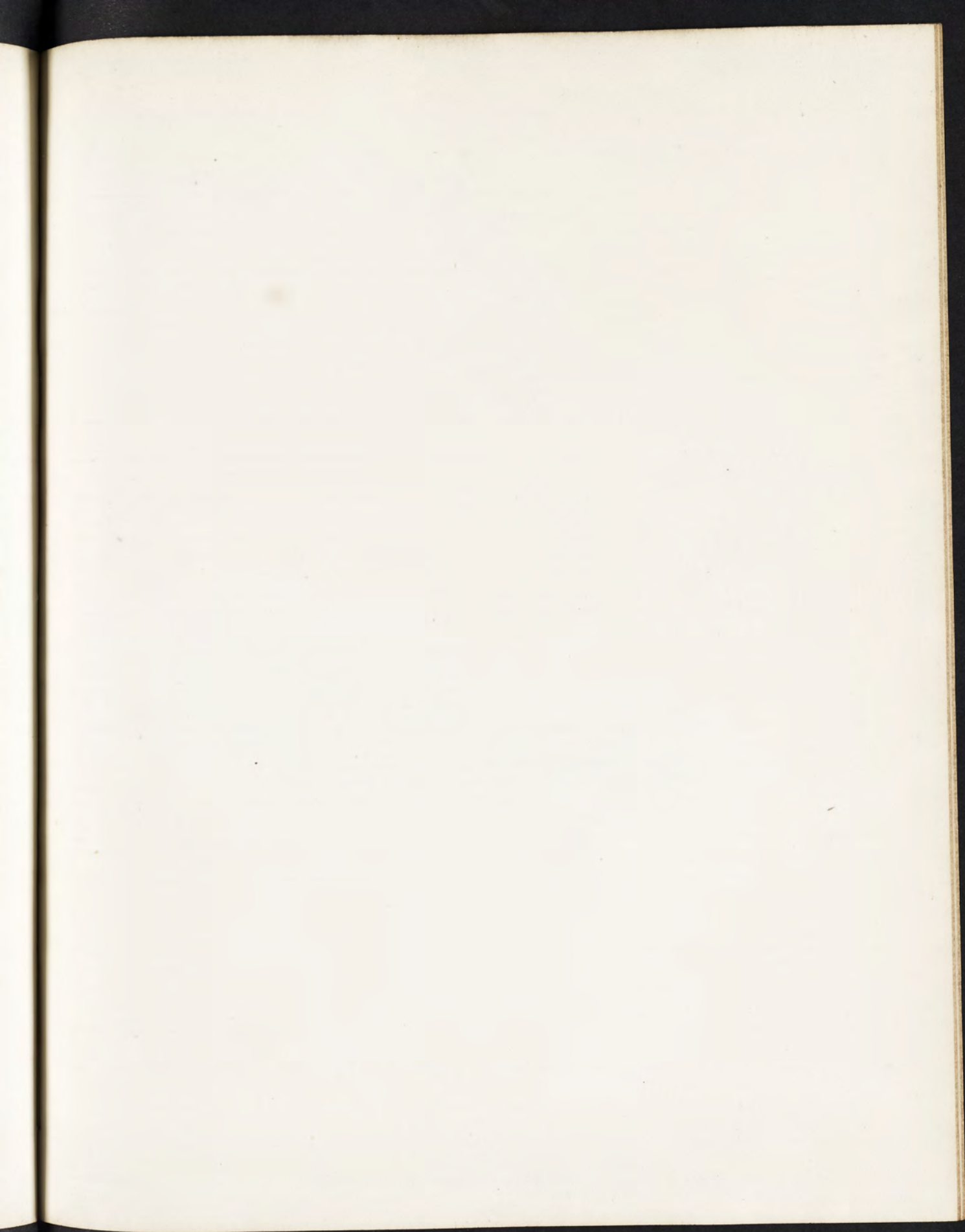


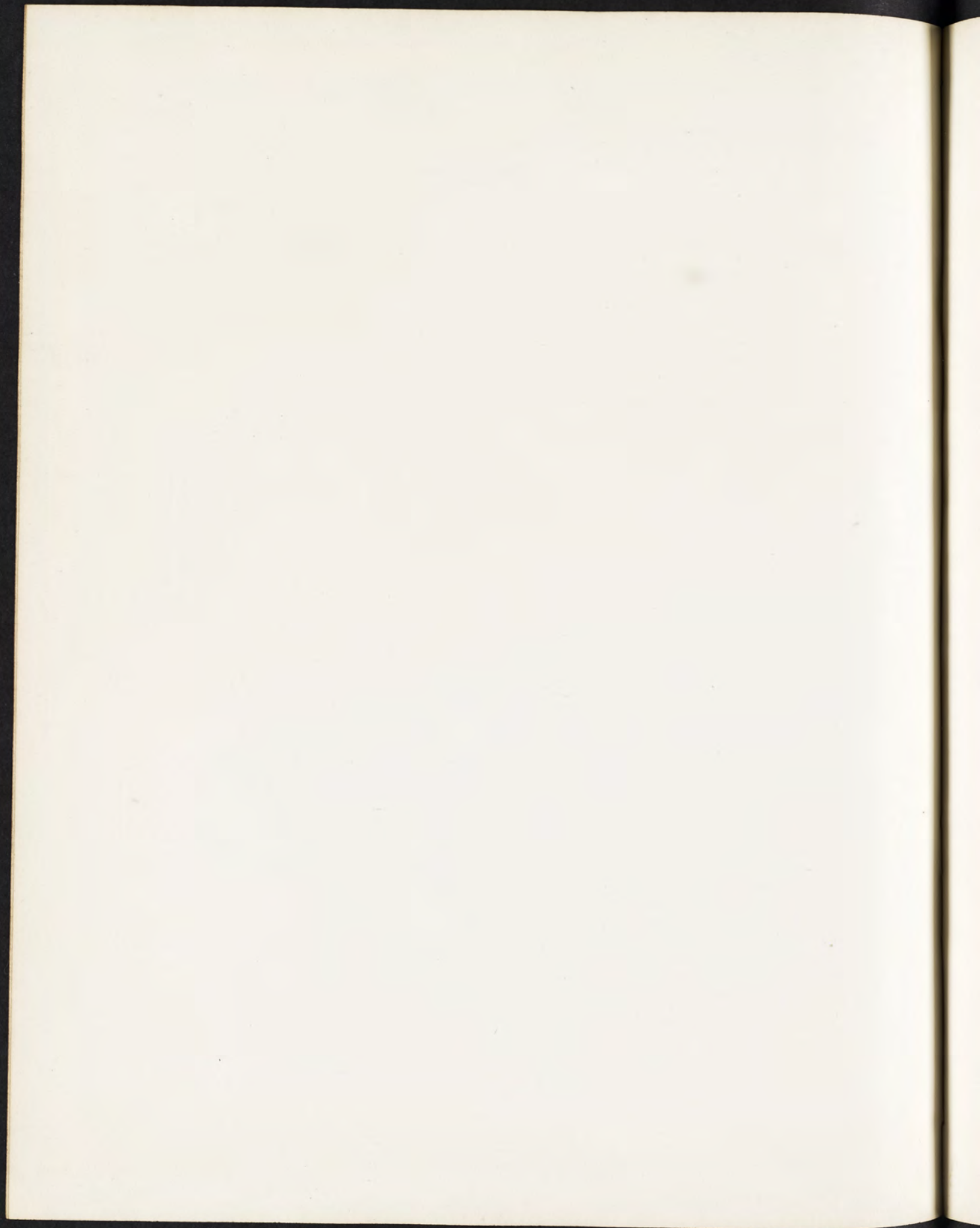


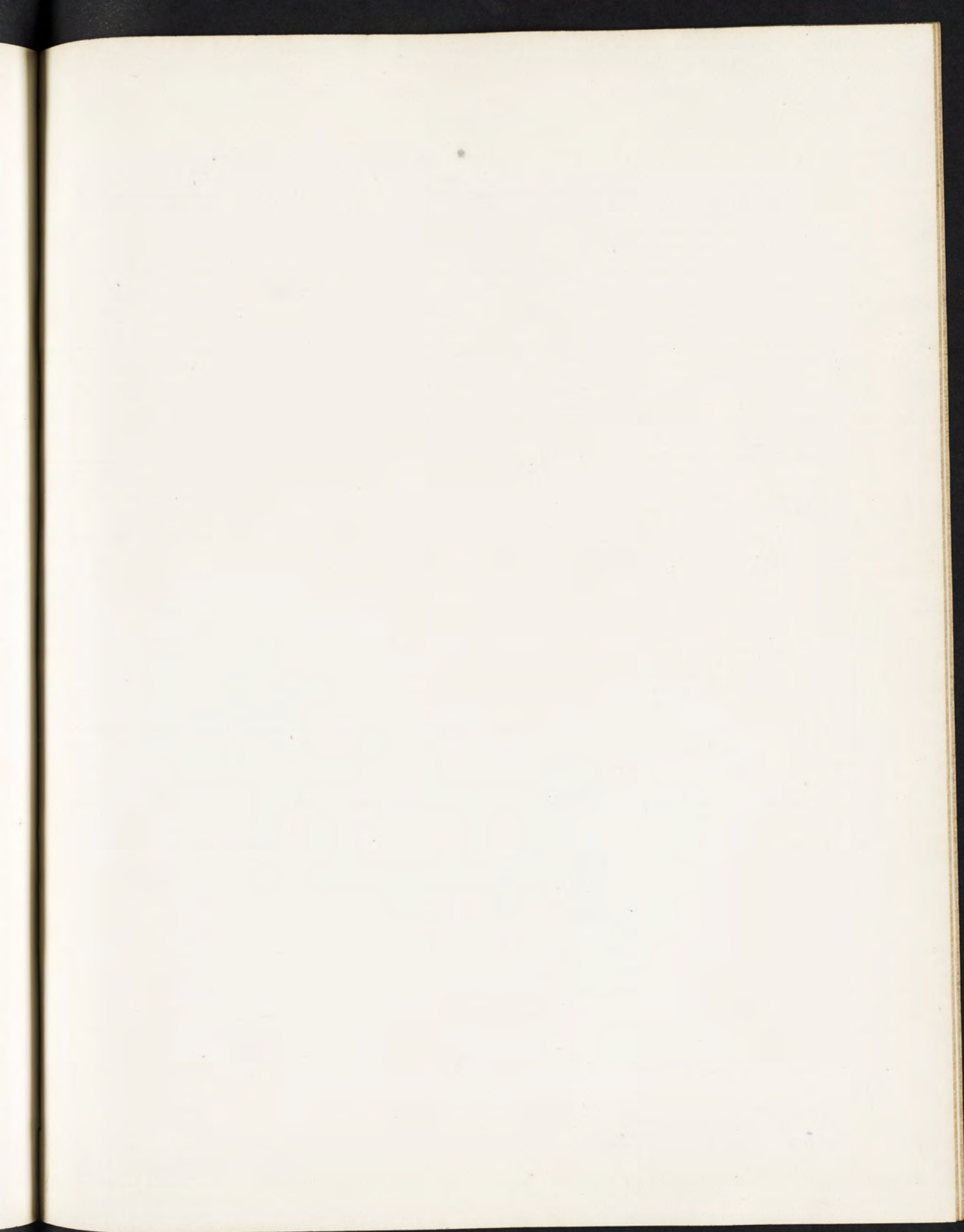




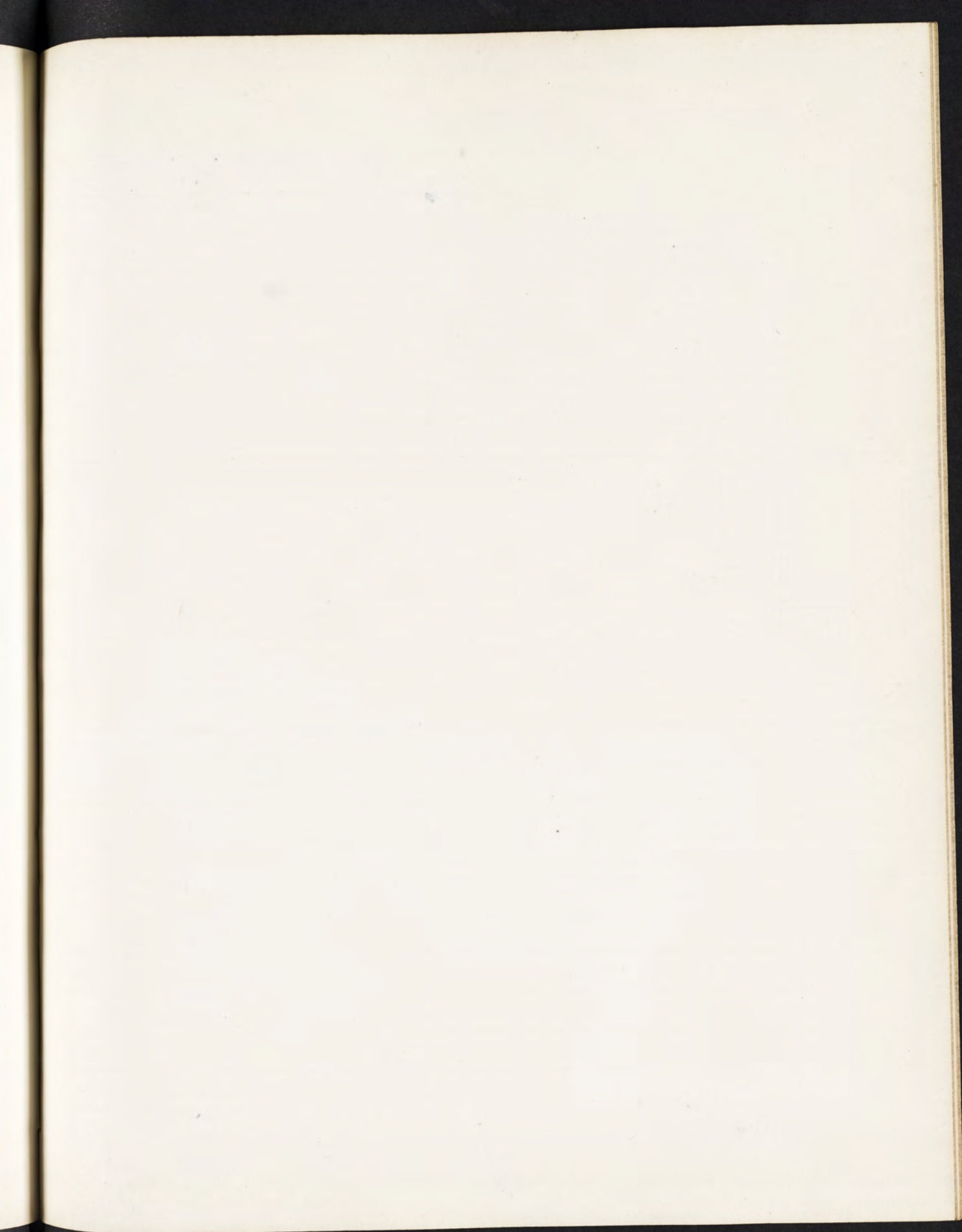




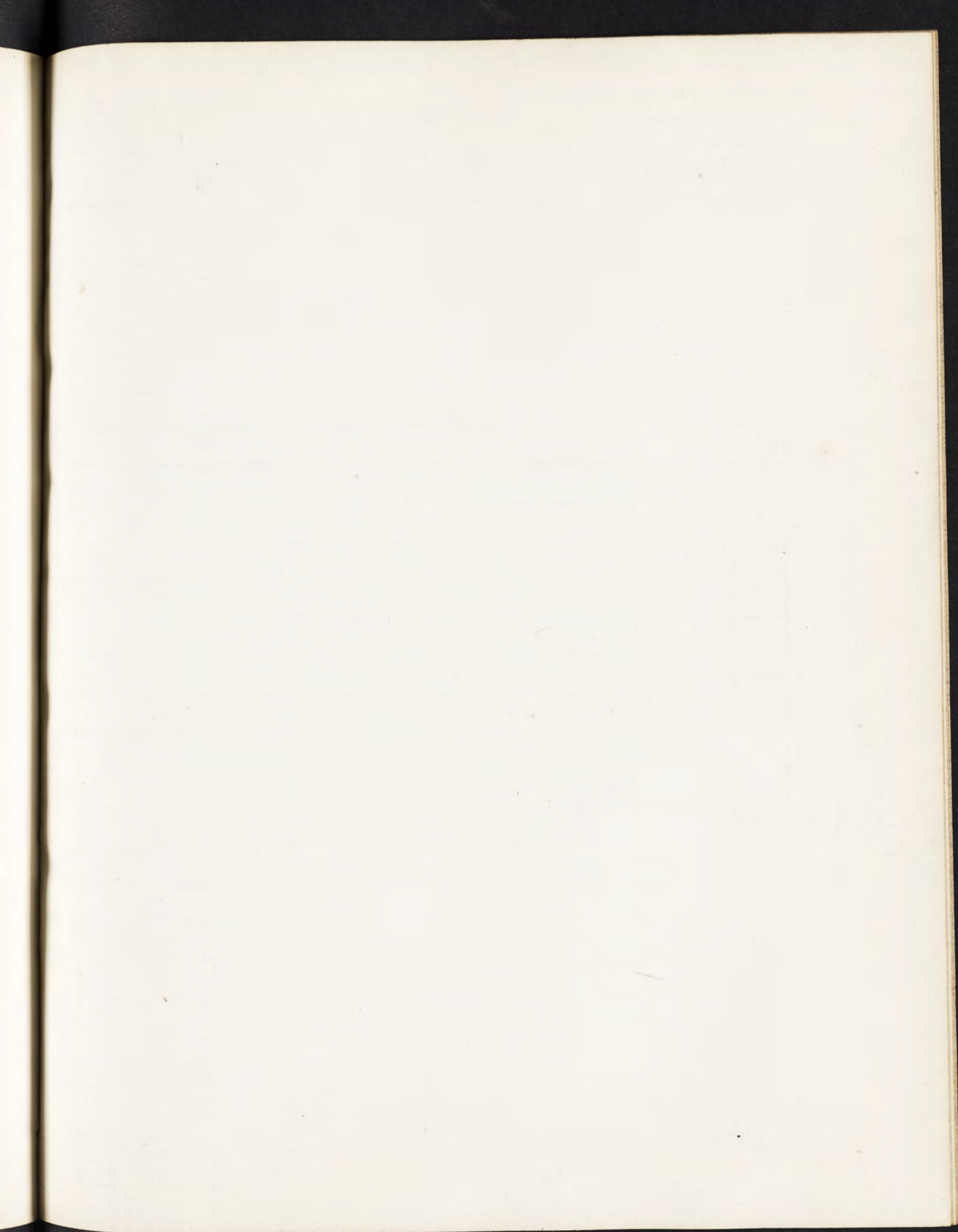


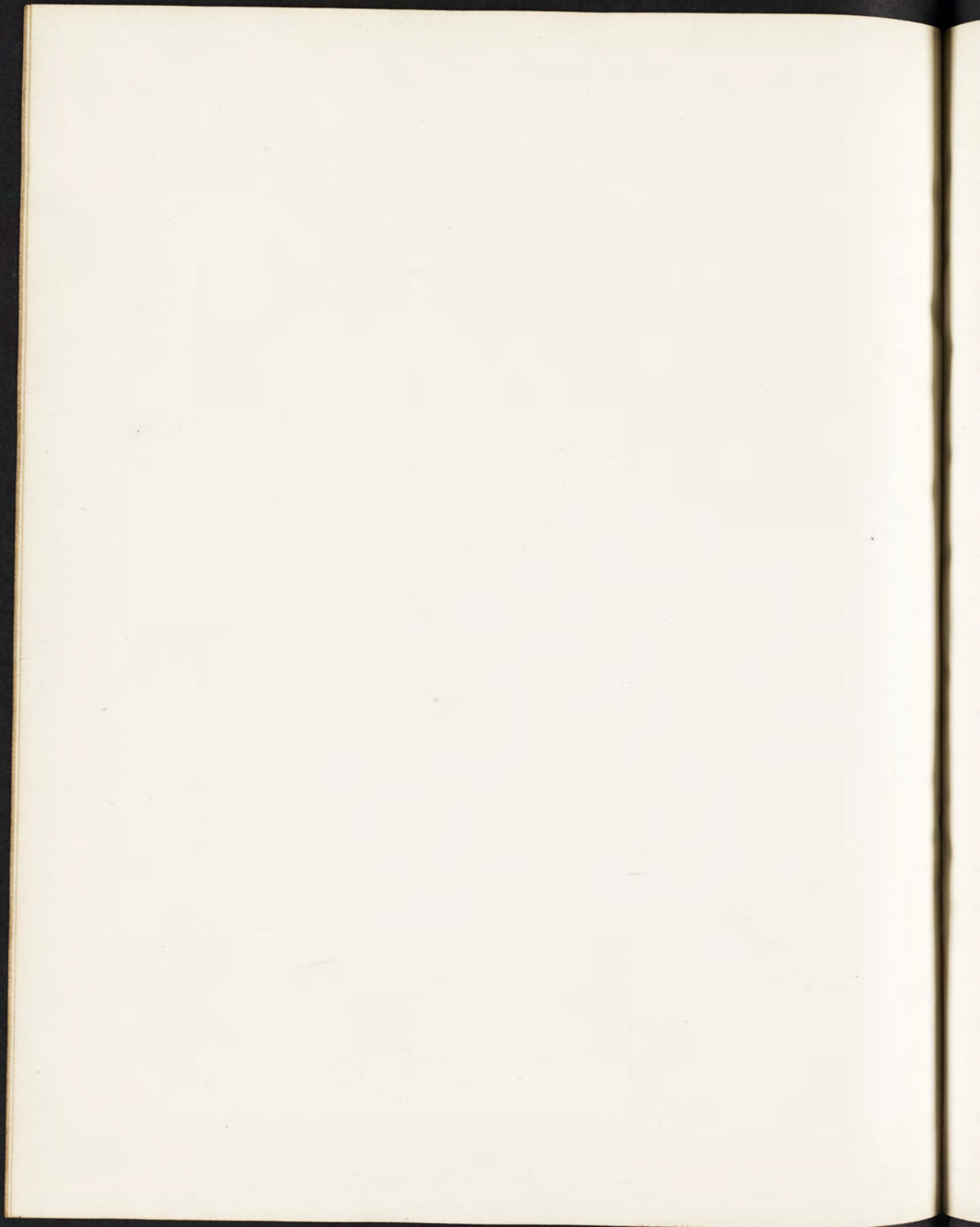


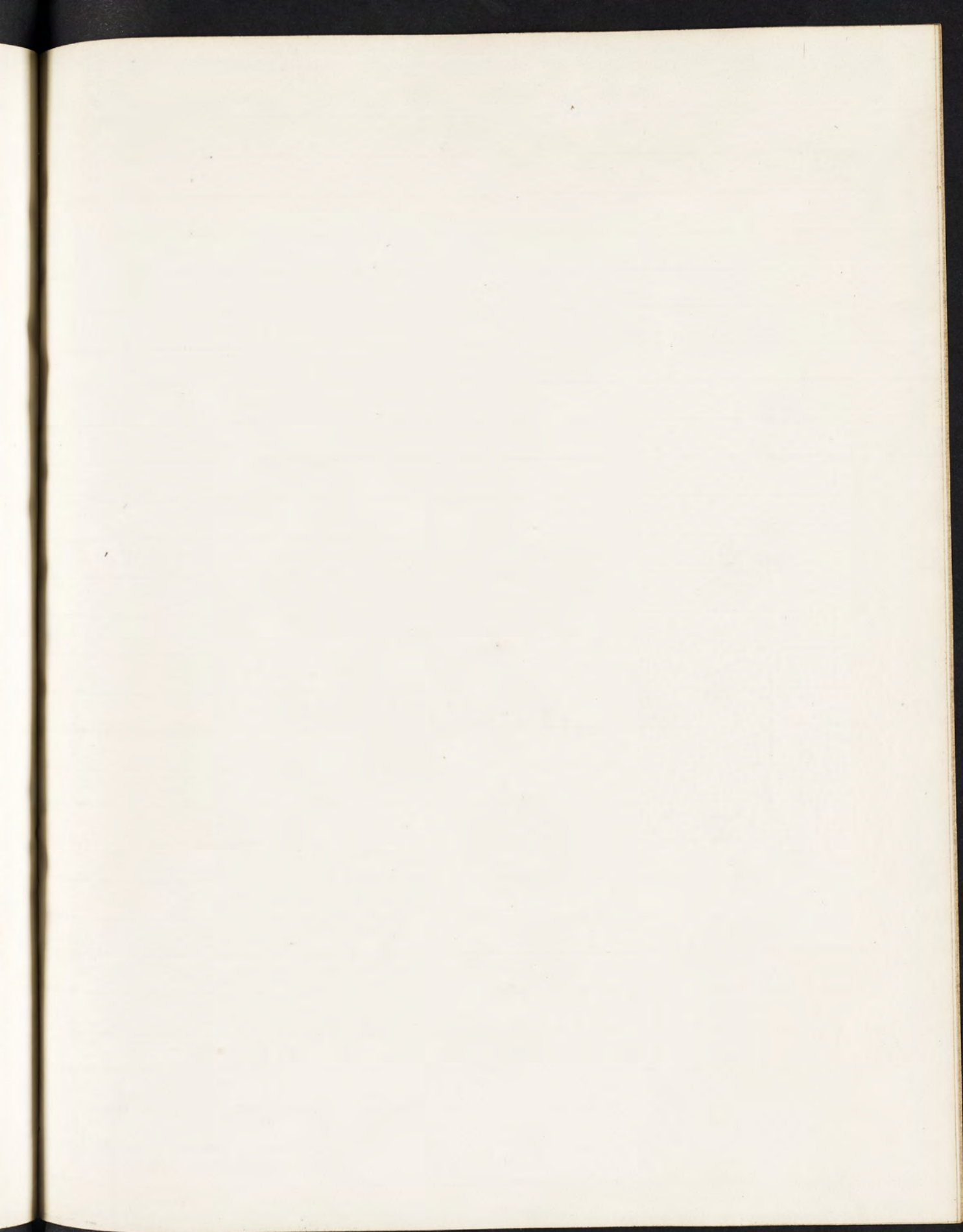


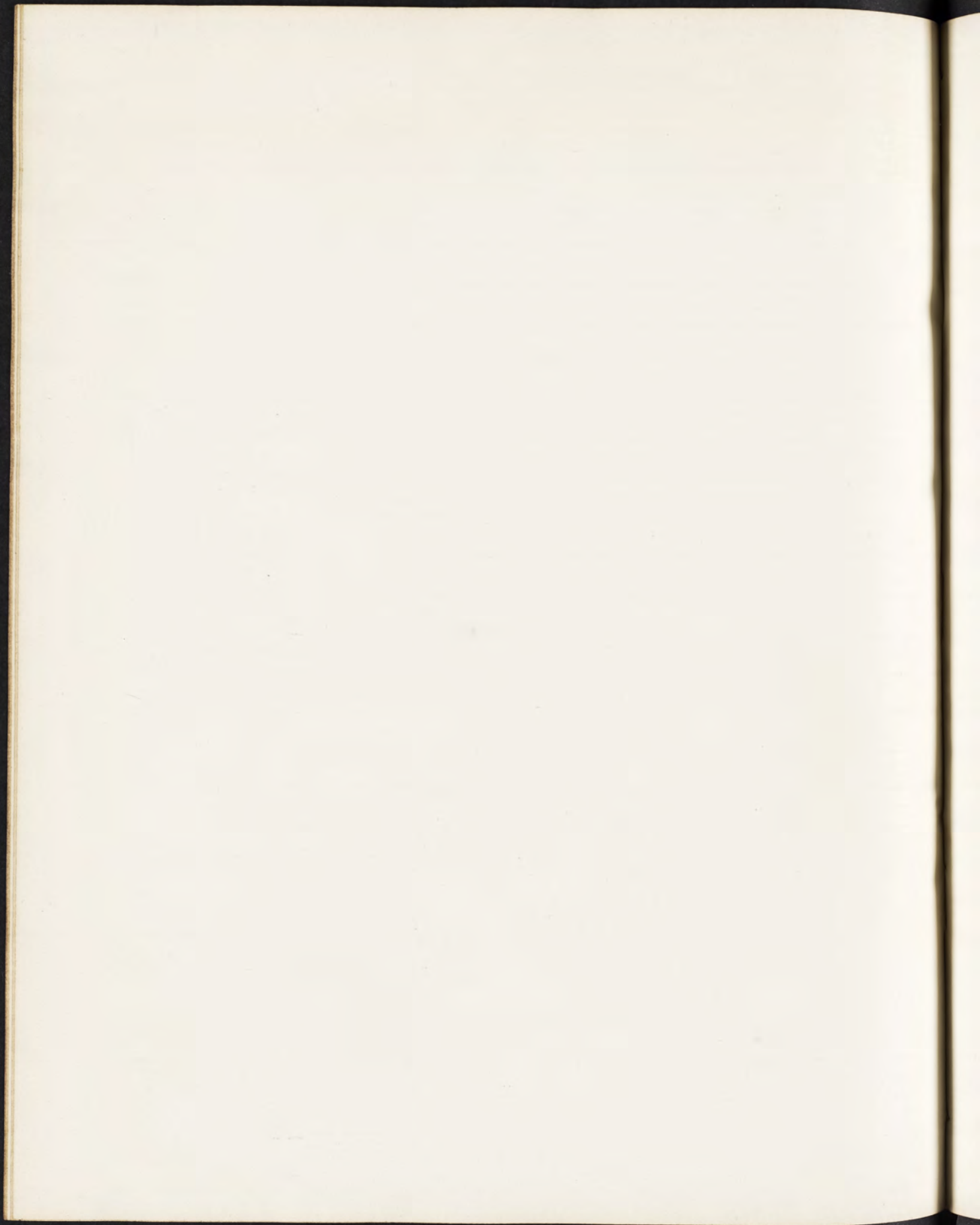


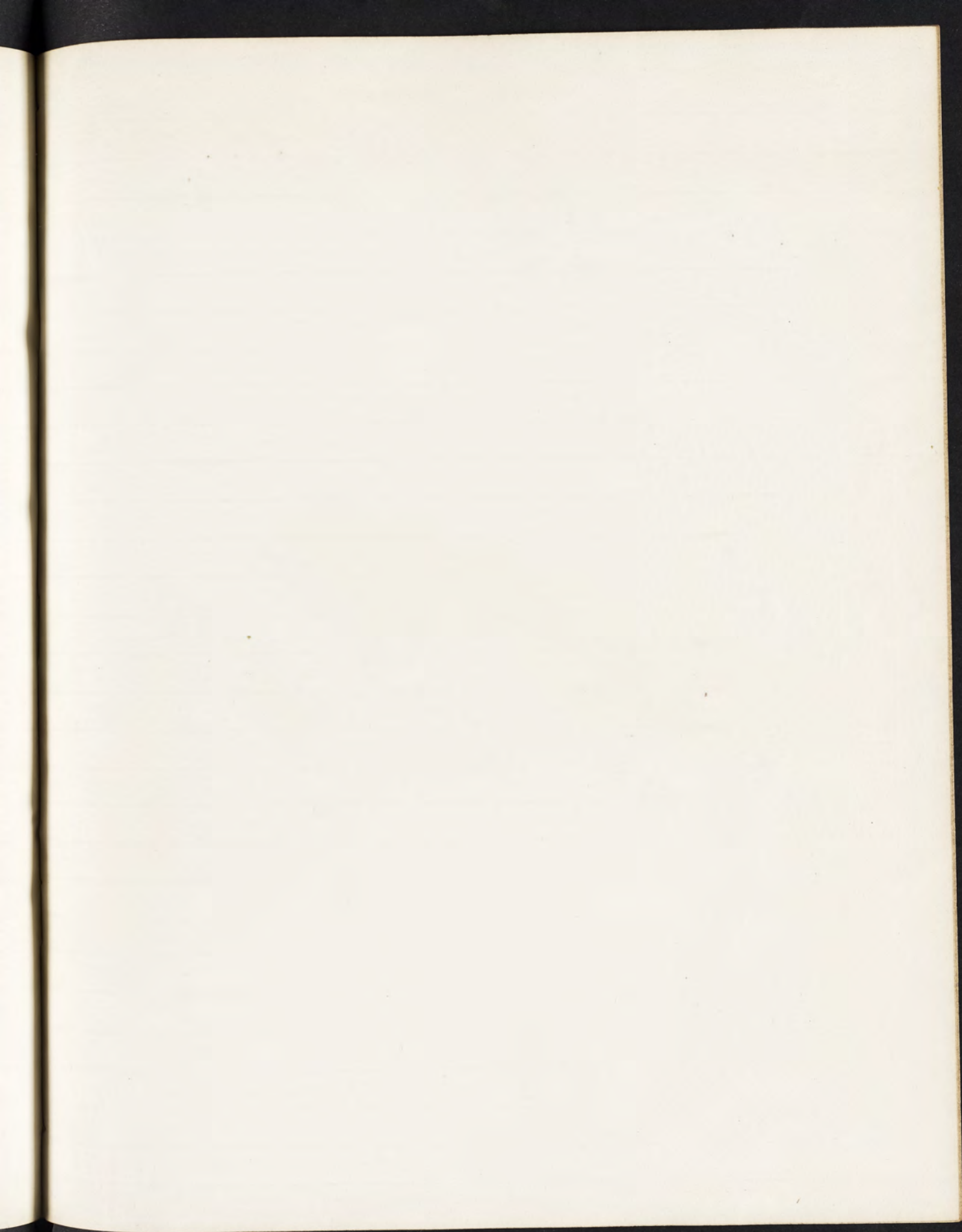




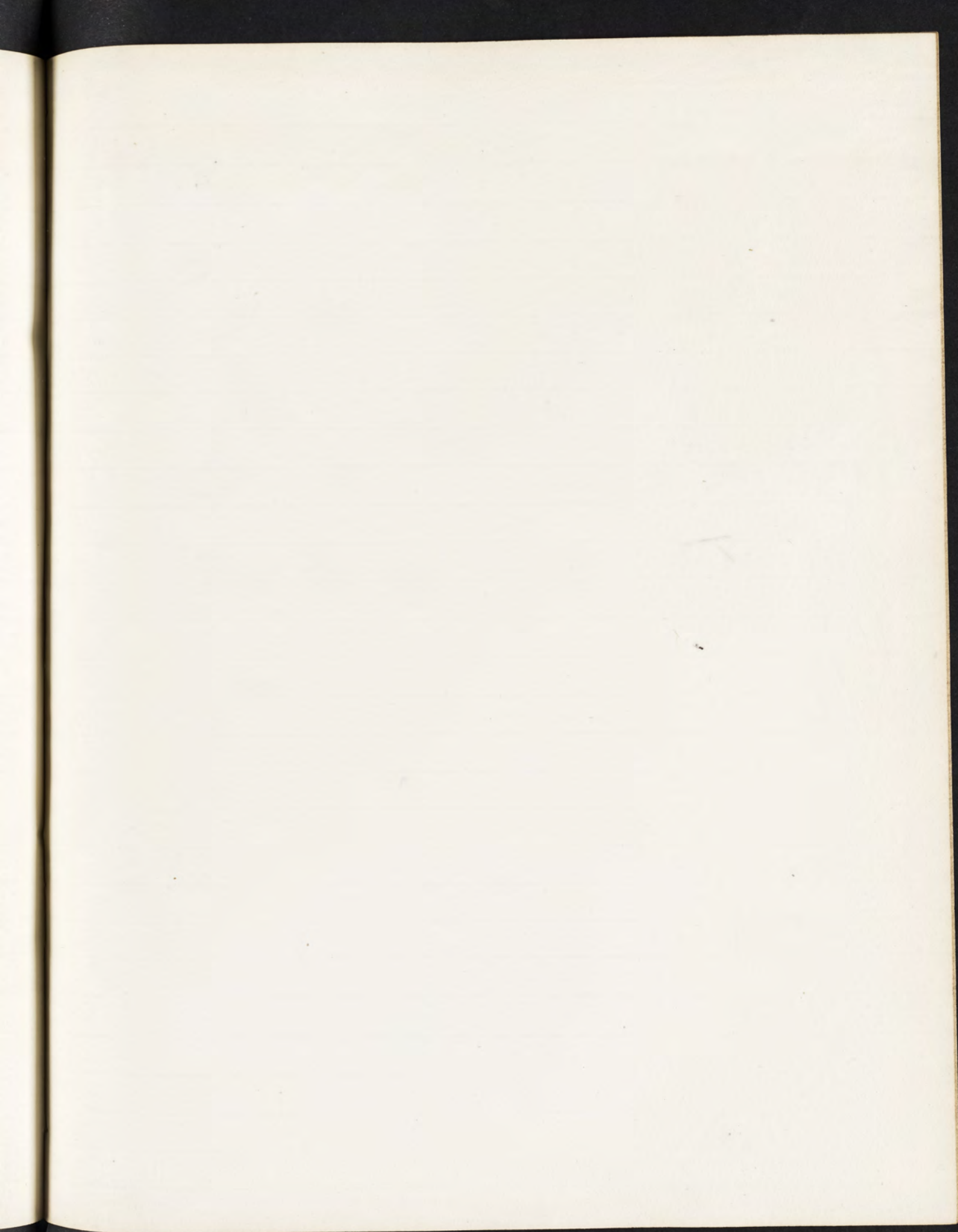












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